



PW-5
H/C

DEC 28 1994

MEMORANDUM FOR THE PRESIDENT

Throughout your campaign and during your administration, you have frequently emphasized the importance of making noncustodial parents accountable for raising their children and identified the necessity of reforming the child support enforcement system. The Omnibus Budget Reconciliation Act of 1993 includes two Administration legislative proposals to begin this process. These proposals streamline the establishment of paternity and improve access to medical coverage for children.

During the development of your FY 1994 budget, the Department of Health and Human Services (HHS) agreed to develop an initiative to improve the role of the Federal Government as an employer in the area of child support enforcement. In response to this request, we have developed an initiative which would be spearheaded by an Executive Order signed by you. A proposed Executive Order is enclosed. This Order directs all agencies of the Executive Branch, including the Uniformed Services, to take action to ensure that children of Federal employees receive the support to which they are entitled.

The Executive Order requires all Federal agencies to take specific immediate actions to ensure that children of Federal employees are supported by their parents. The Order also directs the Office of Personnel Management, the Department of Defense, and HHS to identify additional recommendations on how to make the Federal Government an innovative leader in this area and to report these findings to the Office of Management and Budget (OMB). OMB would be responsible for ensuring that the Executive Order is followed.

This Executive Order is complementary to the child support reforms which were included in the Work and Responsibility Act of 1994. Signing this Executive Order would provide you with an opportunity to act upon your commitment to improving the child support system in advance of the resubmittal of your welfare reform legislation. It would also show your desire to have all Federal employees meet their responsibilities as parents. Finally, I believe that the Executive Order outlines a course of action that is compatible with your desire to make the Federal Government operate more efficiently. I recommend that you sign the Executive Order.

Donna E. Shalala

94

Enclosure

inspired by ACF/Indians



NOV 2 1994

The Secretary Has Seen

TO: Claudia Cooley
Executive Secretary

FROM: Assistant Secretary for
Planning and Evaluation

SUBJECT: Executive Order to Improve Child Support Payment in the
Federal Work Force

Attached is a revised package for the Secretary, requesting her approval of an initiative to improve child support payment on the Federal work force. This package had been cleared in the fall of 1993 by all operating and staff divisions, with the exception of the Office of General Counsel. We have now made all requested OGC revisions and they have no objections to the package moving forward to the Secretary. As we have made no substantive policy changes as a result of our negotiations with OGC, we do not believe that the package needs re-clearance with the Department. Despite the elapsed time since the original package was submitted, Mary Jo Bane and I remain committed to moving this initiative forward quickly. We believe if approved by the White House, it could have a positive impact on the resubmittal early next year of the President's welfare reform legislation.

I request we proceed to the Secretary with this package as soon as possible.

David T. Ellwood

Attachment

NOV 2 1994



NOV 2 1994

TO: The Secretary
 Through: DS
 COS K. W. /OH 12/14/94
 ES Chadley 11/16/94 and 12/13/94

FROM: Assistant Secretary for Planning and Evaluation

SUBJECT: Leading by Example - A Presidential Initiative to Improve Child Support Payment in the Federal Work Force--DECISION

PURPOSE

This memorandum outlines a proposal for an Executive Order to implement President Clinton's and your wishes to improve the Federal Government's performance as an employer in the area of child support enforcement. ASPE and ACF have worked together closely in developing this initiative; this memorandum reflects the thinking of both offices. We believe that you and President Clinton could highlight this initiative as part of the President's Welfare Reform initiatives.

For your review at Tab A is the draft Executive Order which would implement the initiative. At Tab B is a policy paper which provides a discussion of the issues related to the Federal Government as an employer in child support enforcement and provides recommendations for improving awareness and enforcement. Tab C is a memorandum to be signed by the Secretary which would transmit the Executive Order to the President for his consideration.

BACKGROUND

You will recall during the development of the FY 1994 budget, we discussed a number of child support items with the Office of Management and Budget (OMB). We agreed to submit two child support legislative proposals in advance of welfare reform--streamlining the establishment of paternity and improving access to medical coverage for children. These proposals were passed in the Omnibus Budget Reconciliation Act of 1993. In addition, the President agreed that we should undertake the development of an initiative to ensure that the Federal Government is a model employer in responding to the support rights of the children of its employees.

The following initiative is designed to require all Federal agencies, including the Uniformed Services, to take action to meet the same standards required of private employers and to

identify and implement innovative procedures which will make the Federal Government a model employer in this area. It is complementary to the Work and Responsibility Act of 1994 which was submitted to the Congress earlier this year.

APPROACH

Under this initiative, the attached draft Executive Order would be issued by the President. This Executive Order directs all agencies of the Executive Branch of the Federal Government, including the Uniformed Services, to take action to ensure that children of Federal employees receive the support to which they are entitled. The Executive Order identifies a series of specific immediate actions and more long-term actions to be taken by Federal agencies.

Immediate actions include the following--

- Federal agencies would be required to implement wage withholding processes and take other actions to comply with the same wage withholding timeframes and other standards to which private employers are held. The Work and Responsibility Act would enact conforming legislation but the President can take some actions now to improve federal agencies responsiveness to requests for wage attachments.
- Federal agencies would be required to assist in the service of process in civil actions to establish paternity and/or a support obligation by making Federal employees or members of the Uniformed Services stationed outside the U.S. available for service of process and by designating officials who will be responsible for ensuring the availability of employees for service of process.
- Federal agencies would be directed to provide complete and accurate information to locate noncustodial parents in order to improve the quality of data in the Federal Parent Locator Service.
- At least once a year, crossmatches would be performed between the Office of Child Support Enforcement's master file of delinquent obligors and Federal agency payroll or personnel files to identify Federal employees with child support delinquencies.
- All federal agencies would be required to facilitate the payment of child support by informing employees of the availability of wage withholding through voluntary payroll deductions and regularly informing all employees of services available through State child support enforcement agencies.

In addition to these immediate actions, the Executive Order requires the Office of Personnel Management (OPM), the Department of Defense (DOD), and HHS to review the possibility of making additional improvements through administrative, regulatory, and/or statutory change. These reviews would include an examination of the feasibility and desirability of requiring compliance with support obligations as a consideration of Federal employment or as a factor used in defining suitability for Federal employment; procedures to improve access to health care for children; procedures to provide more accurate parent locate information; and procedures for selecting Federal agencies to test innovative child support approaches. The Office of Management and Budget would coordinate agency activities under this initiative.

DISCUSSION

Several issues of particular concern need to be addressed in implementing this initiative. These are highlighted below along with how we plan to address these issues.

Government-Wide Costs and Administrative Burden

Elements of the Executive Order may involve increased cost and administrative burden for the Federal Government. During the development of the Executive order staff of the Office of the Assistant Secretary for Personnel (ASPER) and in the Office of the General Counsel indicated that there may be problems for HHS and other Federal agencies in meeting tighter time frames due to a lack of resources. However, private and other public employers (such as States) are required to comply regardless of the cost implications, and as such, it is important that the Federal Government, as an employer, be held to the same standard.

We believe that most costs will be marginal, especially for those actions targeted for immediate implementation. However, because of the administrative funding cutbacks recommended in the President's budget, we have allowed for some flexibility should extraordinary cost issues arise. Language in the Executive Order requires Federal agencies to report on administrative barriers which prevent immediate implementation of the Executive Order requirements. If the requirements are too costly to implement immediately, agencies could be allowed to phase them in or to propose additional funding in the next budget cycle. This will also place agencies in better position to implement the requirements of the Work and Responsibility Act which requires all Federal agencies to respond within the timeframes required of private employers.

Costs to HHS

In addition to limited costs for compliance, the Administration for Children and Families/Office of Child Support Enforcement will have increased responsibility for providing technical assistance, developing materials, providing increased parent-locate and crossmatch activities, and, at your direction, providing support to OMB and OPM. Many of the activities would be funded as part of expanded OCSE responsibilities under welfare

reform. If these activities are not sufficiently addressed within the expected welfare reform budget increases, we would quickly identify what additional resources, if any, may be needed. Some selective resource reallocation may be necessary (while still remaining within the President's HHS budget) in response to implementation issues.

Uniformed Services

The Uniformed Services pose some special problems because there are special laws and procedures that cover the members of the military. Because we have no expertise on military law and procedures, we initially considered having DOD conduct a special study to determine what changes should be made. However, we rejected that option and have chosen to incorporate requirements into the Executive Order that the Uniformed Services also comply with applicable Federal child support enforcement requirements immediately. Requiring the Uniformed Services to make whatever procedural changes possible from the outset sends an important message as to the President's intent to ensure that all parents provide support for their children.

At the same time, we note that there may be additional legal implications in some instances to full compliance with the Executive Order by the Uniformed Services and, hence, the Executive Order would require DOD to perform an extensive review of the policies and procedures in this area. While the Executive Order requires all Federal agencies to perform such a review, the Order requires the Uniformed Services to perform a much more extensive analysis due to their unique circumstances and cites specific statutes which may require modification.

NEXT STEPS

Since the success of this initiative is dependent upon the level of commitment provided by the other agencies, primarily OPM and DOD, we will need to work with these agencies in finalizing the initiative. Following your approval we will begin to have conversations and share written material with our Assistant Secretary counterparts at other agencies and with White House staff. We would plan to send the memorandum to the President within a couple of weeks.

We will also meet with the federal employee unions before the President signs the Order. This will foster collaboration between labor and management in developing and establishing options for employees (such as voluntary deductions) to provide for the financial and medical support rights of children. However, we believe that OPM and OMB should be involved in these discussions and, therefore, we would delay contact with the unions until after White House staff have had an opportunity to review the initiative.

In addition, it will also be necessary to develop an implementation plan to outline how specific elements of the Executive Order will be carried out. Implementation issues include developing a plan as to how the master file of delinquent obligors compiled by State child

support agencies will be matched with the payroll or personnel records of Federal agencies, how the Federal Employee Health Benefits Program insurer policies will be assessed, and other operational issues. We will begin to develop such a plan after White House staff have reviewed the initiative.

RECOMMENDATION

That you approve the approach as outlined in this memorandum, the contents of the draft Executive Order, and sign the memorandum to the President forwarding the draft Executive Order.

DECISION:

1. Proceed with approach as outlined; sign the memorandum to the President; and continue groundwork for securing cooperation of outside agencies and labor unions.
2. Agree to general approach, but consider alternative options for advancing the initiative.
3. Other. _____



David T. Ellwood

Move on immediately with appropriate press strategy

- 3 Attachments:
TAB A - Draft Executive Order
TAB B - Policy Paper
TAB C - Memorandum to the President

Prepared by: Mary Cohen, ACF; Linda Mellgren, ASPE; Andy Rock, ASPE; and, Susan Young, ASPE. Revised by Linda Mellgren, ASPE 10/18/94 to update and to incorporate OGC comments.



DEC 28 1994

MEMORANDUM FOR STEVE SILVERMAN

Enclosed is a memorandum for the President regarding his initiative to improve child support payment in the federal work force.


Kevin Thurm

Enclosure



38th
4c

DEC 12 1994

MEMORANDUM FOR THE PRESIDENT

Last month I had the opportunity to visit Israel, Gaza and the West Bank. I saw first hand a number of activities that are carried out in the region in my areas of responsibility. It was my privilege to convey your greetings to senior officials with whom I met, including Prime Minister Rabin, Foreign Minister Peres, and Chairman Arafat.

I was very impressed with what I saw and learned during my visit. The programs in which my Department is engaged, both directly and through the foreign assistance program, contribute significantly to the health and well-being of the citizens of the region. Perhaps more importantly, they also foster a considerable amount of good will, and contribute to a deeper and stronger relationship in an area that is so important to us.

As a result of this trip, I am more convinced than ever that health-related programs, such as those that have dramatically reduced infant mortality, increased access to maternal and child health services, and helped provide an improved quality of life, are a most effective way to use foreign assistance, and have great potential for helping the people living in Gaza and the West Bank.

Donna E. Shalala

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Prepared by OIA



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Mr. John Kyle Boice
Science Officer
American Embassy
Paris, France

Dear Kyle:

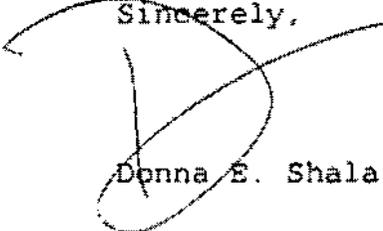
My visit to Paris was most enjoyable and productive, and I want you to know how much I and the members of my delegation appreciated your efforts on our behalf.

We are grateful for all that you did for us, both in planning the visit and particularly for your advice and assistance.

Again, many thanks for your close, personal interest in our visit.

With best wishes,

Sincerely,



Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Dr. Chaim Peri
Director
Yemin Orde, The Wingate Children's Village
D.N. Hof Hacarmel 30895
Israel

Dear Dr. Peri:

My visit to the Yemin Orde Youth Village was a highlight of my trip to Israel, and I want to thank you and your colleagues for receiving us so warmly.

Your program is a model for education and vocational training in a residential setting - its success is evident in the enthusiasm of the children I met with.

Thank you so much for the wonderful Thanksgiving turkey. It was the perfect touch for Americans away from home!

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Dr. Ruth Linn
Director
Women's Studies Program
University of Haifa
Haifa, Israel

Dear Ruth:

What a pleasure it was to return to the University of Haifa and see how much progress the Women's Studies Program has made. I am proud to have had a part in launching what has become so important an activity. I was particularly pleased to hear of your work with Arab girls.

Thank you so much for giving me the beautiful vase. This example of Israeli craftsmanship will be a constant reminder of my all too short visit with you.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Prof. Zehev Tadmor
President
Technion - Israel Institute of Technology
Technion City
Haifa, Israel

Dear Professor Tadmor:

It was an extraordinary privilege to receive an honorary degree from the Technion. The Technion is renowned around the world for its excellence, and I am proud to be associated with so prestigious an institution.

I want to thank you also for your warm hospitality. The Thanksgiving dinner you served us was a most gracious way to welcome Americans who were a long way from home, and I cannot tell you how much it meant to us.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Prof. Ruth Arnon
Vice President
Weizmann Institute
Rehovot, Israel

Dear Professor Arnon:

This brief note is to thank you for arranging my very interesting visit to the Weizmann Institute.

I particularly enjoyed the lunch you hosted in my honor, and the opportunity it provided to meet so many of your colleagues.

Thank you again for your warm hospitality.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Ms. Drora Kass
Director
Public Affairs & Resource Development
The Technion
Technion City,
Haifa 32000, Israel

Dear Drora:

Everything about my visit to the Technion was very special. I know that you were responsible for the arrangements, and I want to thank you for all that you did on my behalf.

It was most thoughtful of you to give me the seasonal basket - a wonderful reminder of the Thanksgiving holiday that is so important to us.

Thank you again for your many courtesies.

With best wishes,

Sincerely,

A handwritten signature in dark ink, appearing to be "D. Shalala", written over a light-colored background.

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. Avraham Levine
Director
Department of International Relations
Ministry of Labour and Social Affairs
Jerusalem

Dear Mr. Levine:

Just a brief note to express my thanks for all that you did to make my recent visit so pleasant and rewarding.

We value our relationship with the Ministry of Labour and Social Affairs, and appreciate your support.

Again, many thanks.

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Professor Jack Habib
Director
JDC-Brookdale Institute
P.O.B. 13087
Jerusalem 91130,
Israel

Dear Jack:

A brief note to thank you again for the very stimulating discussion you and your colleagues organized for us during our recent visit to Israel.

The information you gave us on your work related to health care reform, children at risk, and the Palestinian health situation set the stage for our visit, and made our subsequent discussions all the more meaningful.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mrs. Lydia Araj
Director
Beit Jala Women's Child Care Society
Beit Jala

Dear Mrs. Araj:

Just a note to tell you again how much I enjoyed my visit to the Beit Jala Women's Child Care Society. I was very impressed with the work you are doing - which is so important.

Thank you for receiving us so warmly.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Dr. Amin Thalji
Hospital Director
Makassed Hospital
Jerusalem

Dear Dr. Thalji:

This brief note is just to thank you again
for a very interesting visit to Makassed
Hospital.

I was very impressed with what I learned
about your programs, particularly those to
train Palestinian physicians. Your work is
very important.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mrs. Pnina Herzog
Deputy Director General
Ministry of Health
2, Ben Tabai Street
Jerusalem

Dear Pnina:

I was delighted to see you again, and want to express my appreciation for all that you did to make my visit so pleasant and rewarding.

I particularly enjoyed the roundtable you arranged with representatives of Israeli women's organizations. It was a stimulating session.

Again, many thanks for your personal interest in my trip.

With best wishes,

Sincerely,

A handwritten signature in dark ink, appearing to be "D. Shalala", written over a faint circular stamp.

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. and Mrs. Clyde Haberman
Mishmar Ha'am 18
Jerusalem, Israel

Dear Cathy and Clyde:

This brief note is to thank you again for
your warm hospitality.

In the midst of a hectic schedule, it was a
real pleasure to relax with old friends and
benefit from your first-hand views of a
rapidly changing world.

The dinner was delicious and the conversation
stimulating - thanks again for having us.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Msgr. Augustin Harfouche
Maronite General Patriarcal Vicar
25, Maronite Convent Street
Jerusalem

Dear Monsignor:

The mass you said for me during my visit to Jerusalem was very special, and I am deeply grateful.

I want to thank you also for your warm hospitality, and for your thoughtfulness in giving me the beautiful icons. They will remind me of you, the service in your chapel, and a wonderful morning in Jerusalem.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Mayor Elias Freij
Bethlehem

Dear Mayor Freij:

It was a great honor to meet with you during my visit to Bethlehem. Your insightful views on the peace process contributed greatly to my understanding of the complex issues you and others are facing in the region.

I want to thank you again for giving me the handsome mother-of-pearl box. It will always remind me of our very interesting meeting and my all too short stay in Bethlehem.

With best wishes,

Sincerely,

A handwritten signature in dark ink, appearing to be "D. Shalala", written over a horizontal line.

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Dr. Rafiq Hussein
Director-General
Palestine Council of Health
P.O. Box 51681
Jerusalem

Dear Dr. Hussein:

The afternoon I spent in Jericho and the West Bank was a highlight of my trip, and I want to thank you for arranging it.

I was impressed both by the high caliber of the people providing health care to Palestinians and the great need you have for infrastructure development, training, equipment, and supplies. You may be assured of my support for efforts to assist you to improve health care in the region.

It was most generous of you to host the lunch at your home. I appreciated the opportunity to meet so many of your colleagues in such a relaxed setting. Thank you again.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. David Mullenex
Science Officer
American Embassy
Tel Aviv, Israel

Dear David:

My visit to Israel was most enjoyable and productive, and I want you to know how much I and the members of my party appreciated your efforts on our behalf.

We are grateful for all that you did for us, both the painstaking planning for the visit and particularly for your insightful advice at every stop along the way.

Again, many thanks for your close, personal interest in the substance of our mission.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. John Hall
Labor Attache
American Embassy
Tel Aviv, Israel

Dear Mr. Hall:

I want to express my sincere appreciation for the assistance that you provided to me and my colleagues during our recent visit to Israel. Our cooperative program in the field of social services is an important one, and I am grateful for the support you lend to that relationship.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Ms. Nora Iny
U.S. Information Service
American Embassy
Tel Aviv, Israel

Dear Nora:

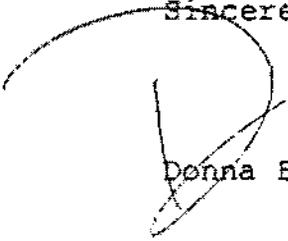
It was wonderful to see you - I hope not too much time will pass before I see you again.

My trip was a great success, and I know that you had an instrumental role in making everything go so well. I particularly appreciated your helpful advice and assistance, and the useful information you collected for me.

I was delighted to see you looking so well, and would love to see you in Washington.

With warm best wishes,

Sincerely,



Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. Richard Scorza
Public Affairs Officer
American Embassy
Tel Aviv, Israel

Dear Mr. Scorza:

Just a note to thank you again for your very capable assistance during my recent visit to Israel.

I was very pleased with the coverage of my trip, and appreciate your close personal attention to the press aspects of my visit.

With best wishes,

Sincerely,

A handwritten signature in black ink, appearing to be "Denna E. Shalala", written over the word "Sincerely,".

Denna E. Shalala



DEC 12 1994

Mr. Randy Calloway
Regional Security Office
American Embassy
Tel Aviv, Israel

Dear Randy:

Now that we have safely returned from the Middle East, I want you to know how much my colleagues and I appreciated the very capable assistance that you provided to us.

A complicated schedule, particularly in the Middle East, poses special security challenges. You met them with alacrity, and all of us are grateful for your efforts on our behalf.

With best wishes,

Sincerely,

Donna E. Shalala

My security staff is exhausted
but I'm up and around off
to Moscow with the VP



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20261

DEC 12 1994

Mr. Paul Sutphin
American Consulate General
Jerusalem

Dear Paul:

This brief note is just to let you know how much I and the members of my party appreciated your efforts on our behalf.

We are grateful for all that you did for us, both in planning the visit and particularly for your insightful advice and assistance while we were in Jerusalem and the West Bank.

Again, many thanks for your close, personal interest in the substance of our mission.

With best wishes,

Sincerely,



Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Ms. Karen Turner
USAID Mission
American Consulate General
Jerusalem

Dear Karen:

I want to express my sincere appreciation for the assistance that you provided to me and my colleagues during our recent visit.

Our visit to the West Bank and Gaza was particularly important, and I am grateful for the arrangements that you made for us and your helpful advice. The assistance we provide to the Palestinians is enormously important, and you can be assured of my support for those efforts.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1986

Mr. Neil J. MacNeil
Regional Security Officer
American Consulate General
Jerusalem

Dear Mr. MacNeil:

I want you to know how much my colleagues and I appreciated the very capable assistance that you provided to us.

...
A complicated schedule, particularly in the Middle East, poses special security challenges. You met them with alacrity, and all of us are grateful for your efforts on our behalf.

With best wishes,

Sincerely,

Donna E. Shalala

You were great!



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Her Excellency Simone Veil
Minister of State for Social Affairs,
Health & Urban Affairs
Paris, France

Dear Madam Minister,

The Paris AIDS Summit was a great success, and achieved its goal of focusing the highest political commitment on fighting the pandemic. You are to be congratulated!

I want to thank you again for your warm hospitality, and for your thoughtfulness in hosting the delightful dinner in my honor. I enjoyed it immensely.

Please extend to your colleagues my thanks, and that of my delegation, for a most successful Summit.

With warm best wishes,

Sincerely,

A handwritten signature in black ink, appearing to be "D. Shalala", written over the word "Sincerely,".

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

Dr. Maxime Schwartz
Director General
Institut Pasteur
25, rue du Doctor Roux
75724 Paris Cedex 15
France

Dear Dr. Schwartz:

Please accept my thanks for a very interesting and informative visit to the Institut Pasteur.

It was a great privilege to hear first hand about the important work that you are doing. I particularly appreciated the opportunity to meet the many scientists who have made the Institut so renowned.

I look forward to an even closer and productive relationship between the Institut Pasteur and my Department in the future.

With best wishes,

Sincerely,

Donna E. Shalala



DEC 12 1994

The Honorable Pamela Harriman
American Ambassador
American Embassy
Paris, France

Dear Pamela:

This brief note cannot convey how much I appreciate all that you did to make my visit to Paris so pleasant and productive.

Your warm hospitality, the lunch you hosted for Simone Veil and me, and the reception at the residence all contributed so much to a wonderful stay.

You and your colleagues at the Embassy went all out for us, and we are most grateful. If there is anything I can do to assist you, please let me know.

Again, many thanks.

With warm best wishes,

Sincerely,


Donna E. Shalala

*You are great. Sorry to miss you
at Kennedy event.*



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1981

The Honorable David Aaron
U.S. Representative to the OECD
Paris, France

Dear David:

Just a note to thank you again for the
delightful lunch you hosted in my honor
during my recent visit to Paris.

I very much enjoyed the opportunity the lunch
provided for a stimulating conversation with
you and the officials from OECD. I look
forward to a continuing relationship with
OECD, and want to be helpful whenever I can.

Again, many thanks.

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Dr. Jerome Bosken
Counselor for Science, Environment,
and Technology
American Embassy
Paris, France

Dear Sam:

Just a note to thank you again for all that you did to make my visit to Paris so pleasant and productive.

My delegation and I particularly appreciated the very helpful assistance of Kyle Boice. I have written to him personally to express my thanks for his fine help.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OFF 12 1984

Prof. Shmuel Penchas, M.D.
Director General
Hadassah Medical Organization
Kiryat Hadassah
P.O.B. 12000
Jerusalem

Dear Professor Penchas:

My visit to Hadassah Medical Organization was most interesting, and I, too, regret that we were unable to meet on that occasion. Nevertheless, I had a very informative session with your colleagues and a visit to the hospital and the synagogue to see once again the beautiful Chagall windows.

I was particularly interested to learn about Hadassah's programs to train Palestinian doctors and nurses. This is critically important if the Palestinians are going to succeed in providing quality health care to their people. I urge you to redouble your efforts to provide training and care without discrimination.

Thank you for sending me the report on the Israeli health care system. In my discussions with Minister Sneh and others I was struck by the similarities in the health reform issues that Israel and the United States are confronting. I have shared your report with my colleagues here.

I hope you will let me know when you will be in Washington. I would be pleased to see you.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. Edward G. Abington
Consul General
American Consulate General
Jerusalem

Dear Ed:

My visit to Israel, the West Bank, and Gaza was most productive and enjoyable, made all the more so by your helpful advice and assistance.

My colleagues and I greatly appreciated your and Carol's generosity in hosting the dinner in our honor, and the opportunity it provided to see old friends and meet such interesting Israelis and Palestinians.

I particularly appreciated the capable assistance of Paul Sutphin and Karen Turner. I have written to them to thank them for their fine help.

Ed, it was especially helpful to have you accompany me to Jericho and Gaza. The needs there are enormous, and there is much that the United States can do. You can count on my support - don't hesitate to contact me when I can be helpful.

Again, many thanks for your help and with best wishes for the New Year,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

Mr. James Larocco
Charge d'Affaires
American Embassy
Tel Aviv, Israel

Dear Jim:

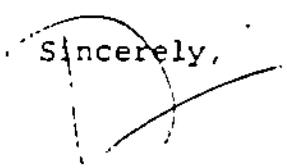
Please accept my thanks for all of the support that you and your staff provided to me and my colleagues during our visit to Israel. Your personal efforts on our behalf contributed greatly to making our stay so productive and enjoyable, and I am most grateful.

My visit would not have gone so well had it not been for David Mulenex's very knowledgeable advice and capable assistance. I have written to him personally to express my appreciation for his fine help.

I was impressed by our collaborative efforts with Israel in health and social services and by the opportunities for similar activities with the Palestinians. You can count on my support for an effective program of cooperation.

With best wishes,

Sincerely,



Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1994

His Excellency Riad Zanoun
Minister of Health
Palestinian Authority

Dear Mr. Minister:

It was a great pleasure to meet you in Gaza. I very much appreciated the time you spent with me, which contributed importantly to my understanding of the many challenges you face in improving the health status of the Palestinian people. My visits to the Rimal clinic, Shifa Hospital, and the Nasser Pediatrics Hospital were particularly informative.

You can be justly proud of the expanded health care coverage that you are providing to Gazans, and the well trained health professionals who are available to provide that care. At the same time, I was struck by the infrastructure that is so badly in need of rehabilitation and expansion. You can be assured of my continued interest and support in helping you meet these needs.

It was most generous of you to give me the embroidered pillow covers and banner. Your thoughtfulness will always remind me of the day I spent with you in Gaza.

I look forward to seeing you again, I hope in the not too distant future.

~~Sincerely,~~

A handwritten signature in dark ink, appearing to be "D. Shalala", written over the word "Sincerely,".

Donna B. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1984

Chairman Yassir Arafat
Palestine Liberation Organization

Dear Mr. Chairman:

It was a great privilege to meet with you during my recent visit to Gaza. I appreciated the opportunity that meeting provided to hear your thoughtful views on the challenges you and your colleagues are facing in Gaza and Jericho.

The discussions that I had with Ministers Zanoun and Jihad were most productive and will result in even closer cooperation in the fields of health and social services. You may be assured of my support for assistance efforts in these important areas.

It was most generous of you and Mrs. Arafat to host the lunch in my honor. I will never forget your thoughtfulness in giving me the handsome mother-of-pearl box and the embroidered shawl.

With respectful best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1996

Her Excellency Ora Namir
Minister of Labor and Social
Affairs of Israel

Dear Madam Minister:

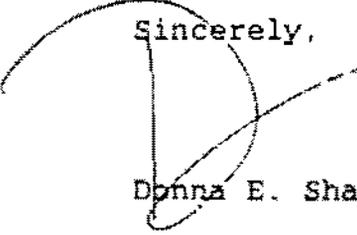
My visit to Israel was rewarding and enjoyable, both professionally and personally. I very much appreciated your warm hospitality and the excellent arrangements that you and your staff made for us.

I was pleased with our discussions, and am confident that the already close and mutually beneficial relationship between your Ministry and my Department has been strengthened. I was particularly impressed by the Jerusalem Shelter for Battered Women that we visited together, and the important work that you are doing in this area.

My colleagues and I thoroughly enjoyed the lunch you gave for us and the opportunity it provided to learn more about your programs and activities. The beautiful necklace that you gave me is a wonderful example of Israeli craftsmanship and will always remind me of a successful visit.

I look forward to seeing you again soon.

Sincerely,



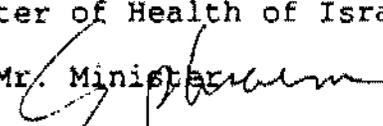
Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 12 1986

His Excellency Ephraim Sneh
Minister of Health of Israel

Dear Mr. Minister 

It was a great pleasure to see you again during my visit to Israel. My trip was most rewarding and enjoyable; its success was due to your warm hospitality and the excellent arrangements that you and your staff made for us.

I was pleased with our discussions, and I am confident that the already close and mutually beneficial relationship between your Ministry and my Department has been strengthened.

My colleagues and I thoroughly enjoyed the dinner you gave for us and the opportunity it provided to exchange views in an informal and relaxed setting. The menorah you gave me, on the first night of Hanukkah, will always remind me of your fascinating country and a very successful trip.

Please accept my thanks for a most pleasant visit. I look forward to seeing you again soon.

Sincerely,


Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D. C. 20201

DEC 12 1994

His Excellency Shimon Peres
Minister of Foreign Affairs
State of Israel

Dear Mr. Minister:

It was a great honor to meet with you during my recent visit to Israel. I appreciated the opportunity that meeting provided to hear your thoughtful views on the challenges you and your colleagues are facing in the Middle East.

In my discussions with Ministers Sneh and Namir and their counterparts in the Palestinian Authority, I found many ways that cooperation in health and social services can contribute to improved well-being for everyone in the region. You may be assured that such cooperation will have my continued support.

With best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

His Excellency Yitzhak Rabin
Prime Minister
State of Israel

Dear Mr. Prime Minister:

It was a privilege to meet with you during my recent visit to Israel. I appreciated hearing your insightful views on the peace process and the challenges that process presents. I am convinced that assistance to the Palestinians in the field of health and social affairs can contribute to overall progress in the region. You may be assured that such assistance will have my personal support.

The discussions that I had with Ministers Sneh and Namir were most productive and will result in even closer cooperation between our two countries.

Again, Mr. Prime Minister, permit me to express my appreciation for the opportunity to meet with you and for the excellent arrangements that were made for my visit to Israel.

With respectful best wishes,

Sincerely,

Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

157 12 1997

Her Excellency Umm Jihad
Minister of Social Affairs
Palestinian Authority

Dear Madam Minister:

My visit to Gaza was most informative and enjoyable, and I want you to know how much I appreciate your warm hospitality and the excellent arrangements that you made for my colleagues and me.

My visits to the rehabilitation center, the Ramla secondary school, and the YMCA gave me a real understanding of both the progress you have made and the challenges you face in providing services for the Palestinian people. You may be assured that I will lend my support to efforts to assist you.

It was most generous of you to give me the beautiful embroidered shawl. It will always remind me of the productive day I spent with you in Gaza.

I look forward to seeing you again soon.

Sincerely,



Donna E. Shalala



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 20 1994

MEMORANDUM FOR THE PRESIDENT

I enthusiastically endorse the enclosed proclamation declaring the first full week of April 1995 the first annual "National Public Health Week."

I believe that celebrating the critical contributions of the thousands of public health workers across the country is an appropriate way to show this Administration's commitment to improving the health of individuals and communities throughout America. This action would represent the first formal acknowledgement at the highest level of government of the essential role public health plays in preventing disease and promoting health among our citizens. It will also allow public health agencies throughout the country to develop communication activities to inform the public and important decision-makers about the essential functions of public health.

At the 1993 Annual American Public Health Association (APHA) meeting, a resolution was adopted calling for an annual national celebration of Public Health Week. Currently, 20 States are involved to varying degrees in a Public Health Week celebration (including Alabama, Arizona, Arkansas, California, Colorado, Idaho, Illinois, Iowa, Michigan, Montana, New York, North Carolina, Ohio, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin, and Wyoming).

I recommend that you sign this proclamation and officially declare the first full week of April to be "National Public Health Week." APHA leadership would like to announce the signing of the Presidential Proclamation during their annual meeting in Washington, D.C., October 30 - November 4, 1994. This meeting, with more than 8,000 public health professionals attending, would provide an excellent opportunity for you to sign the proclamation and personally thank them for their contributions. I understand that an invitation has been issued to you to address the APHA meeting participants.

Donna E. Shalala

Enclosure

Prepared by ASH/Himelstein

410210003

NATIONAL PUBLIC HEALTH WEEK

By the President of the United States of America

A Proclamation

Recognizing that promoting health and quality of life of all Americans through prevention is a major goal of our Nation; and

Appreciating that public health programs and services benefit everyone--regardless of race, ethnicity, and socioeconomic stratum--and are essential ingredients in a strong, successful national health care system; and

Acknowledging that public health activities protect Americans from infectious diseases, environmental and workplace hazards, chronic diseases, unintentional injuries, and violence; and

Realizing that educating people about the benefits of adopting healthful behaviors can empower them to attain good health and prevent needless suffering; and

Applauding the aid provided worldwide by public health workers in times of natural disasters and other catastrophic events; and

Understanding that public health workers in States and communities across the country play crucial roles in ensuring that all Americans have the opportunity to be healthy people living in healthy communities in a healthy world;

Now, therefore, I, BILL CLINTON, President of the United States of America, do hereby proclaim the first full week of April as National Public Health Week, beginning in April 1995. I call upon all Federal, State, and local public health agencies to join with appropriate private organizations and educational institutions to celebrate with activities to promote health and acknowledge the many benefits of public health to our citizens.

BILL CLINTON



OCT 20 1994

MEMORANDUM FOR STEVE SILVERMAN

FROM: Kevin Thurm 

SUBJECT: Memorandum to the President from
the Secretary of Health and Human Services
Transmitting a Proclamation Declaring the First
Week in April 1995 the First Annual
National Public Health Week

The enclosed proclamation declaring the first week in April to be National Public Health Week was initiated by the American Public Health Association (APHA) and has the endorsement of Secretary Shalala. The Secretary recommends that the President sign the proclamation and that it be expedited so that APHA leadership may announce the proclamation at the organization's annual meeting October 30 through November 4. If you have any questions, please let me know.



Office of the Assistant Secretary
for Health
Washington DC 20201

OCT 7 1994

TO: The Secretary
 Through: DS/ *Demetrius*
 COS *W. M. Jones*
 ES *10/18*

FROM: Assistant Secretary for Health

SUBJECT: Presidential Proclamation for an Annual National Public Health Week--ACTION

ISSUE

To request a Presidential Proclamation for establishing the first full week of April 1995 as the first annual "National Public Health Week."

DISCUSSION

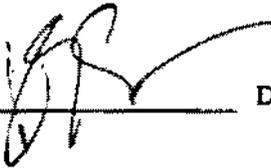
Dr. Caswell A. Evans, Jr., Director of Public Health Programs and Services, County of Los Angeles Department of Health Services, has conducted a successful Public Health Week in this county for the past 7 years and has spearheaded such efforts in other areas of the country. Currently, 20 States are involved to varying degrees in a Public Health Week celebration (including Alabama, Arizona, Arkansas, California, Colorado, Idaho, Illinois, Iowa, Michigan, Montana, New York, North Carolina, Ohio, Oregon, South Carolina, Texas, Virginia, Washington, Wisconsin, and Wyoming). The American Public Health Association at its 1993 annual meeting adopted a resolution calling for an annual, national celebration of Public Health Week in the first week of April. The Centers for Disease Control and Prevention believes that media and local public health events during a National Public Health Week would help our citizens understand more fully the benefits of public health to their lives and encourage healthy personal behaviors. It will also allow public health agencies throughout the country to develop communication activities to inform the public and important decision-makers about the essential functions of public health.

94-0100

RECOMMENDATION

I recommend that you approve this action and so indicate by forwarding the attached proclamation (Tab A) through channels for the President's signature.

DECISION

Approved 

Disapproved _____

Date OCT 20 1994


Philip R. Lee, M.D.

Attachment

Tab A - Presidential Proclamation



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 12 1994

MEMORANDUM FOR THE PRESIDENT

I am writing to urge you to call Representative Henry Waxman to express your personal appreciation for his dedicated and ongoing support for the Vaccines For Children program (VFC).

As you know, October 1, marked the inauguration of the VFC program, a key component of your comprehensive Childhood Immunization Initiative. Under the VFC program, Medicaid children, uninsured, and American Indian and Alaskan Native children are receiving free vaccines in private doctors' offices, and other sites. In addition, underinsured children are receiving VFC vaccine in Federally Qualified Health Centers.

We have made considerable progress in implementing the VFC program despite a year of struggle with those who sought congressional intervention to delay its start or to repeal the program entirely. Currently, although not all private providers are receiving VFC vaccine in all states, we are making substantial headway and every newly registered provider receiving free VFC vaccine means new opportunities to have more children immunized.

The progress made thus far in the VFC program would not have been possible without Representative Waxman's commitment and his ongoing assistance during the past year. He has repeatedly taken the lead in Congress as a defender of the Vaccines For Children program and has stated his personal commitment to protect it in the future.

Thank you for considering making this call.


Donna E. Shalala

Prepared by ESS/Minkwitz

9410130051



OCT 12 1994

MEMORANDUM TO THE HONORABLE CHRISTINE VARNEY

Attached is a memorandum from Secretary Shalala to the President requesting that he call Representative Waxman to thank the Congressman personally for his support on the Vaccines for Children program. Please call me if you need additional information.



Kevin Thurm

Attachment



SEP 20 1994

MEMORANDUM FOR THE PRESIDENT

In response to Executive Order 12862, "Setting Customer Service Standards," I am pleased to forward to you the Customer Service Model for the Department of Health and Human Services and customer service brochures for our largest groups of customers. These brochures clearly communicate to our customers our intention to provide the high level of customer service all citizens have a right to expect from their government, and the standards we are setting for our performance in reaching this goal.

Direct Customers, Indirect Customers, and Partners:

The HHS Customer Service Model makes important distinctions between the Department's **direct customers**, those who receive services or benefits directly from the Federal Government, and **indirect customers**, those who receive benefits and services from the Federal Government indirectly through our **partners**. We define our partners as all institutions and professionals that receive financial assistance from the Federal Government to provide services to the public, including State and local governments and organizations such as non-profit organizations, universities, and Head Start centers.

This Department has the sole responsibility to improve service to our direct customers. Two major programs of the Department that serve the public directly, the Social Security Administration and the Indian Health Service, have been making extraordinary progress in bringing a customer service culture to all aspects of their services. In addition, the Health Care Financing Administration has made a decision to view Medicare as a direct customer relationship, even though services are delivered through providers which are under contract to the Federal Government.

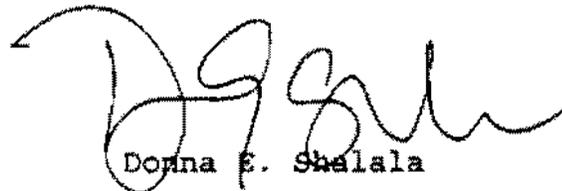
Our response to Executive Order 12862 has two sections. Section 1 includes the three customer service brochures that address our major direct customer segments; Social Security customers, Medicare and Medicaid beneficiaries, and American Indians and Alaska Natives who receive services from the Indian Health Service. In Section 2 we are going beyond the requirements of Executive Order 12862 in two efforts to address our relationships with some of our service partners. We have produced a letter setting standards to guide our relations with our partners in the Administration on Aging's Aging Network of services providers; and a letter to our partners in State and local governments setting service standards for this Department's responsiveness to their needs.

9408020056

This response to your Executive Order is by no means the sum total of efforts within this Department to improve customer service. The Public Health Service (PHS), through its role in health care reform, aims to reinvent public health in the United States. As part of achieving this overall mission, PHS is engaged in numerous efforts to streamline, modernize, and improve the systems that support its program operations.

In addition, as you well know, your Work and Responsibility welfare reform proposal has benefitted greatly from input from customers, state and local government partners, and front-line employees. The sweeping proposed changes in a number of federal programs including Aid to Families with Dependant Children (AFDC) which is administered by the Administration for Children and Families, will redefine the roles and responsibilities of governments and recipients.

I want to thank you and Vice President Gore for the leadership you have provided in this area. We have come a long way in the past year, and while we have a long journey ahead, I am confident we are improving our service to our customers every day. We will continue to report our progress to you, and to our customers, as we move forward.



Donna E. Shalala

Attachments

Part 1

The HHS Customer Service Model

and

**Customer Service Brochures for each
of Our Direct Customer Segments:**

**Social Security Beneficiaries
and Covered workers**

Medicare and Medicaid Beneficiaries

**American Indians and Alaska Natives
who receive services from the
Indian Health Service**



MEMORANDUM

AUG 11 1994

TO: The Secretary
 Through: DS *Byrd/Sj 8/15/94*
 COS *10/8/94*
 ES *For Clendinning/Cooley 8/15/94*

FROM: Allan Rivlin *Chair*, Continuous Improvement Program Working Group on Customer Services

SUBJECT: The Department's Response to Executive Order 12862 "Setting Customer Service Standards"

Action Requested by: 8/25/94

ISSUE

In response to Executive Order 12862, and under coordination of the Continuous Improvement Program, several programs of this Department have produced customer service brochures setting standards of service for their customers. Brochures have been produced for Social Security beneficiaries and Social Security covered workers, Medicare and Medicaid beneficiaries, and patients of the Indian Health Service. In addition, going beyond the requirements of the Executive Order, the Administration on Aging has produced a letter to their partners in the Aging Network of providers of services to the aged, and Inter-Governmental Affairs has drafted a letter from the Secretary to state and local government officials.

FACTS

Executive Order 12862 requires that each agency "that provides significant services directly to the public," publish a customer service plan by September 8th. The plan must include standards by which we will measure our customer service. The Customer Service Team of the National Performance Review subsequently contacted each Department with their interpretation that the Executive Order called for customer service brochures including customer service standards from each major program that provides services to the public. The National Performance Review expects the final signed text of the package by August 25th.

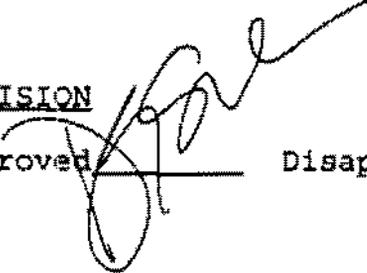
The President's Management Council interprets the Executive Order to require the signature of the Cabinet Secretary in each brochure.

Social Security staff has prepared a brochure for Commissioner Chater's signature only, due to the expectation that the brochures will have a shelf life that extends beyond the date of the impending separation. The SSA brochure will, however, be included in the Department's response to Executive Order 12862.

RECOMMENDATION

I recommend that the Secretary approve the entire package, especially the Secretary's statements at the front of the Medicare/Medicaid brochure (Tab D) and the IHS brochure (Tab E). (Both statements are the same.) I also recommend the Secretary sign the transmittal memorandum to the President (Tab A), and the letters to Aging Network partners (Tab F) and to state and local government officials (Tab G).

DECISION

Approved  _____ Disapproved _____ Date _____

Attachments:

- Tab A: A transmittal memorandum from the Secretary to the President.
- Tab B: The HHS Customer Service Model
- Tab C: The Social Security Administration Customer Service Brochure
- Tab D: The Medicare/Medicaid Customer Service Brochure
- Tab E: The Indian Health Service Customer Service Brochure
- Tab F: A letter from the Administration on Aging to the Aging Network of service providers
- Tab G: A DRAFT letter from the Secretary to state and local government officials.

Additional attachments that will not be part of the package that is sent to the President:

- Tab H: Executive Order 12862
- Tab I: A note from the National Performance Review clarifying the expectations under the Executive Order.



September 20, 1994

MEMORANDUM FOR THE HONORABLE CHRISTINE VARNEY
SECRETARY TO THE CABINET

FROM: Kevin Thurn 

SUBJECT: Memorandum to the President Regarding the
Department's Response to Executive Order 12862
"Setting Customer Service Standards"--ACTION
MEMORANDUM

Attached is a memorandum to the President that outlines the Customer Service Model for the Department in response to Executive Order 12862, "Setting Customer Service Standards." Brochures that address the Department's three largest groups of customers are also attached. If I can be of additional assistance please let me know.

Attachments



THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

SEP 20 1994

George Washington University
Institute of Law and Aging
Health Insurance, Information,
Counseling and Assistance Program
2136 Pennsylvania Avenue, N.W.
Washington, D.C. 20037

Dear Colleague:

As we prepare to meet the challenges of an aging society, now and into the next century, the indispensable work performed by the aging network becomes ever more important.

We in the Department of Health and Human Services rely on our partners in the aging network to provide the wide range of high-quality supportive services older Americans need and deserve. We deeply appreciate the dedication and commitment the aging network demonstrates every day in every part of the country. We are writing today to express our commitment to you to provide the aging network with a higher standard of service from the Federal Government, and to work with you to improve the services we provide jointly to our customers, older Americans and their families.

The attached document spells out the standards we have set for ourselves in providing you the support you need to do your jobs well. These commitments range from giving prompt responses to telephone calls to providing the detailed technical information and assistance you tell us you need. Because the aging network has the crucial responsibilities for delivering services to older Americans and their families, improving our service to the network is good for us, good for you, and good for the public we both serve. Please help us in extending this partnership by sharing this message with your service providers and advisory councils.

We do not intend these standards to be a major departure from the level of service you have come to expect from us. We hope you recognize these standards as an expression of our commitment to improve our services to you, our partners, and to our customers. Please let us know if we are meeting these standards, or if there are any other ways we can support you in the crucial work you do.

Sincerely,

Donna E. Shalala
Secretary

Fernando M. Torres-Gil
Assistant Secretary for Aging

Part 1

The HHS Customer Service Model

and

**Customer Service Brochures for each
of Our Direct Customer Segments:**

**Social Security Beneficiaries
and Covered workers**

Medicare and Medicaid Beneficiaries

**American Indians and Alaska Natives
who receive services from the
Indian Health Service**



AUG 11 1994

MEMORANDUM FOR THE PRESIDENT

The President's Council on Physical Fitness and Sports (PCPFS) has been conducting its physical fitness activities under Executive Order (E.O.) 12345 (Tab A), issued February 2, 1982. The Department and the PCPFS recommend that the E.O. be amended to update the E.O. as specified below. Please note that previously there have been ten Executive Orders which amended E.O. 12345 in minor ways and/or continued the PCPFS.

In addition to a number of editorial changes, the following substantive changes are proposed:

1. Section 1(e) would be amended expressly to include special populations in the categories of individuals for whom community recreation and sports participation will be encouraged.
2. Section 1(i) would be amended to emphasize safety in recreational and sports activity by national sports governing bodies.
3. Section 1 would be amended by adding a new paragraph (k) to encourage the national sports associations to be more populist in their outlooks and programs.
4. Section 1 would be amended by adding a new paragraph (l) relating to the promotion of American sports internationally.
5. Sections 2 and 5(e) would be amended to clarify the relationship between the Department and the PCPFS and to establish the administrative structure to coordinate their activities.
6. Finally, section 5(f), as redesignated, would be deleted. This paragraph is obsolete in that it continues the Council seal prescribed by a 1959 Executive Order; that seal has not been used since 1968 when the Council adopted its present seal.

Prepared by AM/Hanson

9/4/94/10057

The complete text of E.O. 12345 as amended by the new and yet unnumbered Executive Order appears at Tab B. The Executive Order which would be issued is at Tab C.

A handwritten signature in cursive script, appearing to read "D. Shalala".

Donna E. Shalala

Enclosures



JUL 21 1994

MEMORANDUM

TO: The Secretary
Through: DOS *D. Baird / SJR/4/94*
COS *L. ... / 8/2/94*
ES

FROM: Assistant Secretary for Health

SUBJECT: President's Council on Physical Fitness and Sports
Amendments to Executive Order 12345

ISSUE

The President's Council on Physical Fitness and Sports (PCPFS) has been conducting its physical fitness activities under Executive Order (E.O.) 12345 (Tab A), issued February 2, 1982. The Department and the PCPFS recommend that the E.O. be amended to update the E.O. as specified below. It is noted that previously there have been ten Executive Orders which amended E.O. 12345 in minor ways and/or continued the PCPFS.

DISCUSSION

In addition to a number of editorial changes, the following substantive changes are proposed:

1. Section 1(e) would be amended expressly to include special populations in the categories of individuals for whom community recreation and sports participation will be encouraged.
2. Section 1(i) would be amended to emphasize safety in recreational and sports activity by national sports governing bodies.
3. Section 1 would be amended by adding a new paragraph (k) to encourage the national sports associations to be more populist in their outlooks and programs.

4. Section 1 would be amended by adding a new paragraph (f) relating to the promotion of American sports internationally.
5. Sections 2 and 5(e) would be amended to clarify the relationship between the Department and the PCPFS and to establish the administrative structure to coordinate their activities.
6. Finally, section 5(f), as redesignated, would be deleted. This paragraph is obsolete in that it continues the Council seal prescribed by a 1959 Executive Order; that seal has not been used since 1968 when the Council adopted its present seal.

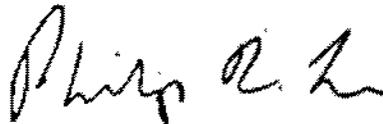
The complete text of E.O. 12345 as amended by the new and yet unnumbered Executive Order appears at Tab B. The Executive Order which would be issued is attached as Tab C.

RECOMMENDATION

I recommend that you sign the memorandum transmitting the Executive Order to the President (Tab D).

DECISION

Approved PLS Disapproved _____ Date AUG 11 1994


Philip R. Lee, M.D.

Attachments:

- Tab A - Executive Order 12345, issued February 2, 1982
- Tab B - Executive Order 12345 as proposed to be amended
- Tab C - Executive Order containing amendatory language
- Tab D - Memorandum for the President

Washington, D.C. 20201

AUG 11 1994

MEMORANDUM FOR THE HONORABLE CHRISTINE VARNEY
SECRETARY TO THE CABINETFROM: Kevin Thurm SUBJECT: The President's Council on Physical Fitness and Sports
(PCPFS) Executive Order

The President's Council on Physical Fitness and Sports (PCPFS) has been conducting its physical fitness activities under Executive Order (E.O.) 12345 issued February 2, 1982. The Department and the PCPFS recommend that the E.O. be amended as indicated in the attached E.O. for the President's signature. If I can be of additional assistance, please let me know.

Attachment



2/c

RIN - 7 1994

MEMORANDUM FOR THE PRESIDENT

Purpose: The Alan Guttmacher Institute (AGI) will be releasing "Sex and America's Teenagers" today. The report raises a number of important findings about America's teenagers and is likely to receive press attention. It may also focus attention on your health and welfare reform proposals.

AGI is a major and well regarded research, policy analysis, and public education organization. Its efforts focus on reproductive health, including issues such as sex education, contraceptives, abortion, maternal and child health, and the use and availability of family planning services. In a field where there is often a lack of good data, AGI is viewed as using the best available data. Prior to the Reagan Administration, AGI did a substantial amount of work for the DHHS. The Department has recently awarded a \$2 million research grant to them.

This memorandum provides a brief summary of the AGI report and highlights the actions taken by your Administration to address many of the concerns raised in the report.

Steps to Unwed Teenage Parenthood

One helpful aspect of the AGI report is that it desegregates the various steps which lead a teenager to becoming an unwed parent and examines each. To become a parent, a teen must first have sex outside of marriage, must fail to effectively use contraception, must become pregnant, and must carry the pregnancy to birth while remaining unmarried. All of these behaviors have changed over time. The evidence provided in the AGI report suggests that to have an impact on teenage childbearing, it is imperative to intervene at each of the steps contributing to teenage parenthood outside of marriage.

Early Premarital Sex—It is widely recognized that early sexual activity has increased dramatically in recent years. While less than 30 percent of women began having sex before their 18th birthday in the mid 1950s, today almost 60 percent have. Nearly 3/4s of men have sex before the age of 18. Perhaps less well understood is that part of the pattern reflects a rather dramatic decline in the age of puberty (menarche) along with an equally dramatic rise in the age of marriage. Girls come of age 2 years earlier and marry 2 years later than they did a century ago. Thus the interval between puberty and marriage—the potential period for premarital sex—has widened by more than 4 years.

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Prepared by ASP/Cunningham

The report also highlights that we should not think that early sexual activity always involves young men and women of similar ages in consensual activity. The AGI report notes that almost half of women under 15 who have had sex did so involuntarily—"rape or forced to have sex against her will". The male partner is often considerably older. Some 20 percent of teen mothers who gave birth became pregnant by a man at least 6 years older, and 30 percent of mothers aged 15 reported the father was 21 or over. It may be difficult for teenage girls to insist on using contraception in situations like this—especially condoms, which require the cooperation of the male partner.

Use of Contraception—The good news in the report is the finding that contraceptive use is rising among sexually active teens. While less than half of all teens used contraception at the time of first intercourse in 1982, by 1988, nearly 2/3s reported such use. Nearly all of the increase can be traced to a dramatic rise in condom use. Condom use also has the benefit of significantly reducing the risk of acquiring a sexually transmitted disease (STD), though condoms are not one hundred percent reliable in preventing pregnancy. Indeed, some groups are now promoting the "double dutch" method of contraception, where both parties take steps, thus greatly reducing the risk of pregnancy and also reducing the dangers of STDs.

Teen Pregnancy—Unfortunately, though press reports have not emphasized this fact, the incidence of early sexual activity has increased faster than the use of contraception. Thus, while a smaller fraction of sexually experienced teens get pregnant, so many more women are having sex that teen pregnancies overall are up.

A Pregnancy Leading to an Unwed Birth—Many teen pregnancies do not lead to unwed births. Some women choose to marry before the birth of the child. This was relatively common in the 50s and 60s, but it is rare today. Adoption also is selected by a very small group of women today. Another group loses their child due to spontaneous abortion or premature birth. Finally some women have medically performed abortions. Abortions rose dramatically with the legalization of abortion, but since 1980, they have declined steadily. There is too little evidence to determine whether the decline in abortions was due to changing availability or altered attitudes regarding abortion and childbearing.

These trends together: more sexual activity, better contraception, changed patterns of pregnancies to birth, and declining marriage, adoption and abortion, have collectively led to the dramatic increase in unwed births to teens which plagues the country.

Who Is At Risk

The risk of teen pregnancy is not shared equally. One of the most powerful charts in the AGI report is one which shows the proportion of women at each stage who are low income (below twice the poverty line) in 1994. Some 38 percent of all teenagers are in this disadvantaged group, yet 85 percent of all teens who become pregnant outside of

marriage come from such low income backgrounds. Why? Because at every stage along the way low income women are at greater risk: they are somewhat more likely to be sexually active, much less likely to effectively use contraception, and more likely to have a pregnancy lead to a birth.

The report also indicates that there are very heavy costs to those who become teenage parents.

Policy Directions

The AGI report calls for:

- sex education, including lessons on interpersonal skills to withstand the pressure to engage in sexual activity and accurate information about preventing pregnancy and STDs;

- clear messages to teenagers about the importance of making conscious decisions about whether or not to have intercourse; and

- easy access to contraceptive services, STD screening and treatment, and abortion to women of all income levels.

AGI calls for teenagers to be assured that access to confidential services, including abortion, be maintained and expanded, regardless of any changes to the health care system. On the issue of welfare reform, AGI asserts that denying eligibility to unmarried teenage mothers might cut the welfare rolls, but would not address poverty.

Issues and Administration Responses:

The AGI report underscores the need to pursue vigorously multiple initiatives for preventing adolescent pregnancy. Our approach encompasses a broad range of adolescent health and education services. As the Surgeon General and I have repeatedly emphasized, abstinence is, and will continue to be, an important component of our comprehensive strategy.

The proposals of this administration on health care and welfare reform are significant steps towards addressing many of the concerns raised by the AGI report.

Health Policy

The Health Security Act includes a comprehensive benefit package that would provide all teenagers access to preventive services including regular clinician visits and services for pregnant women with no cost sharing; and family planning services including prescription contraceptives. The Act also authorizes two new programs for school health

Page 4 - The President

education including motivating teens to avoid teen pregnancy and stay in school, and school health services targeted especially to those areas with high levels of poverty and high rates of health risk among children and youth.

In addition, your Administration has ended the restriction on discussing all pregnancy outcome options in the Title X Family Planning Program and has recommended an \$18 million increase in FY 1995 for family planning services.

Welfare Policy

The welfare reform proposal focuses on sending two clear messages to young people: you should not have children until you are able to nurture and provide for them, and if you do have a child, there will be clear responsibilities for both mothers and fathers.

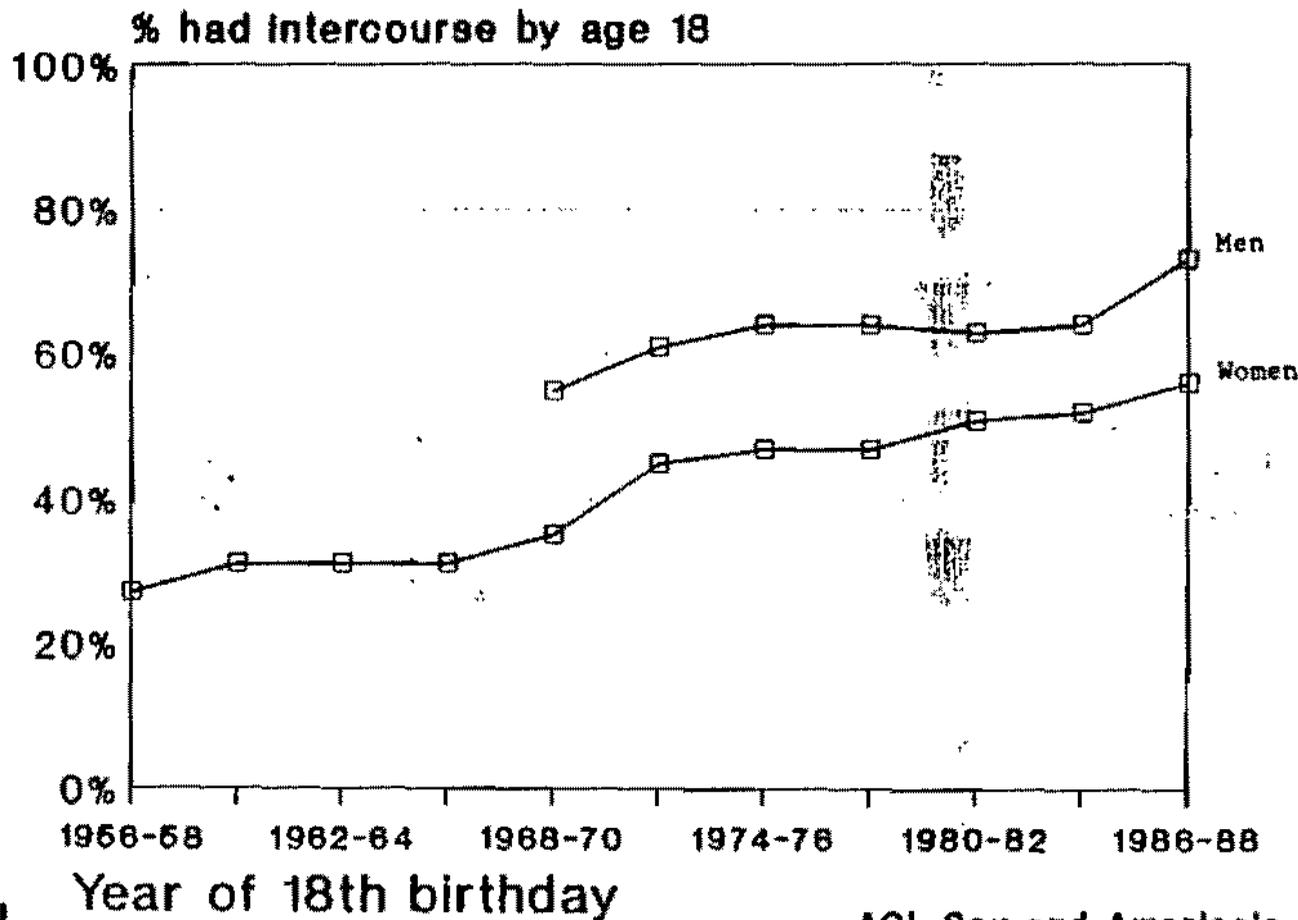
Specific proposals include a national campaign against teenage pregnancy. This will include teenage pregnancy prevention grants for areas with high poverty or high teenage birth rates and comprehensive service demonstration grants for various prevention approaches. It will require young people who have children to live with their parents or another responsible adult. It allows states to deny additional benefits to parents who conceive additional children while on welfare. It requires intensive case management for teens on AFDC and helps them access services such as parenting classes and child care. It seeks to ensure that paternity is established in every case, and that fathers meet their responsibilities along with mothers. It also encourages states to set up mandatory training and work programs for fathers as well as mothers.

In short welfare reform is heavily focused on sending a clear message of work and responsibility to young people while seeking to help young parents escape welfare and long term dependence.

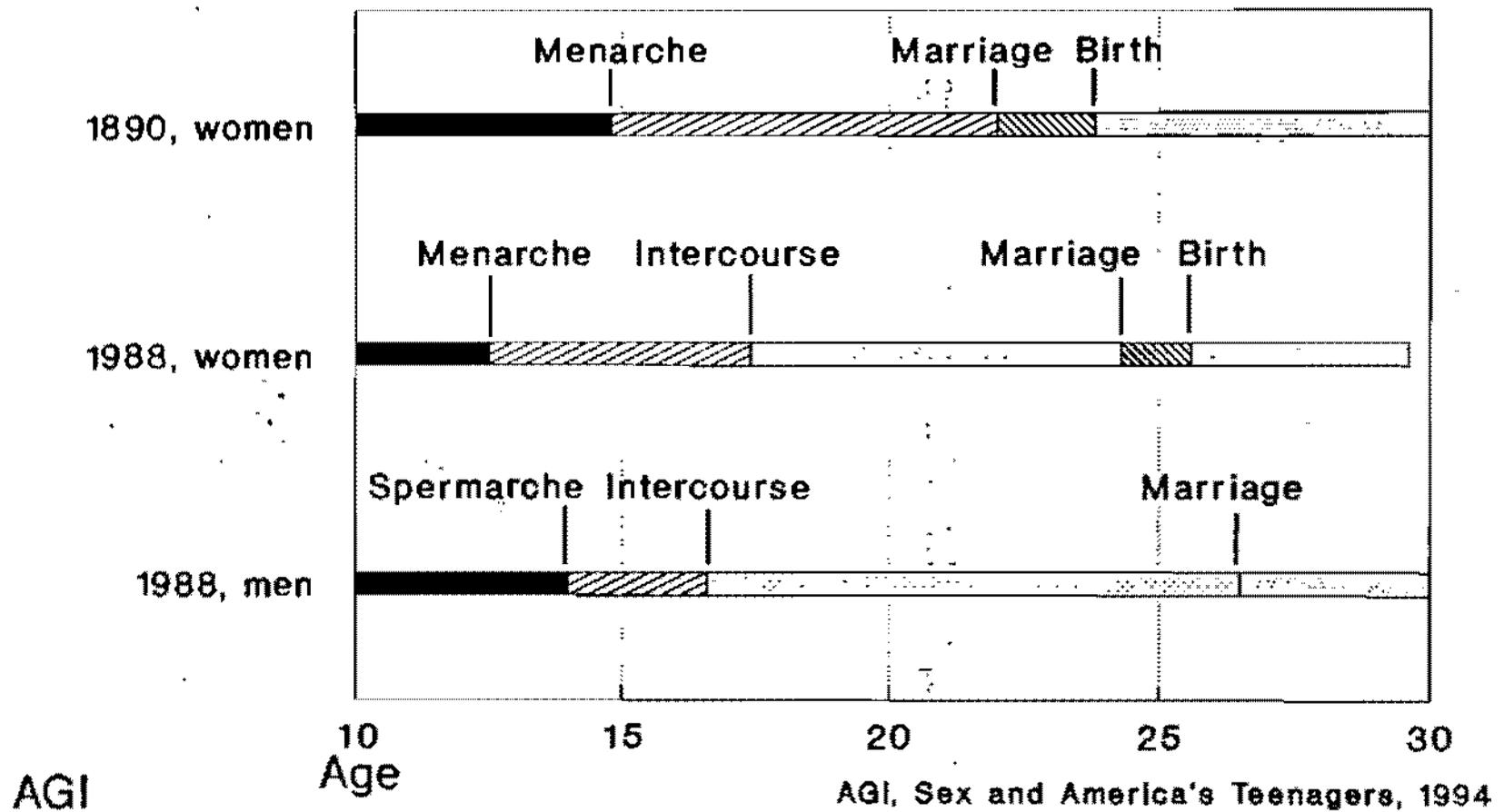
A handwritten signature in black ink, appearing to read "D. Shalala", written in a cursive style.

Donna E. Shalala

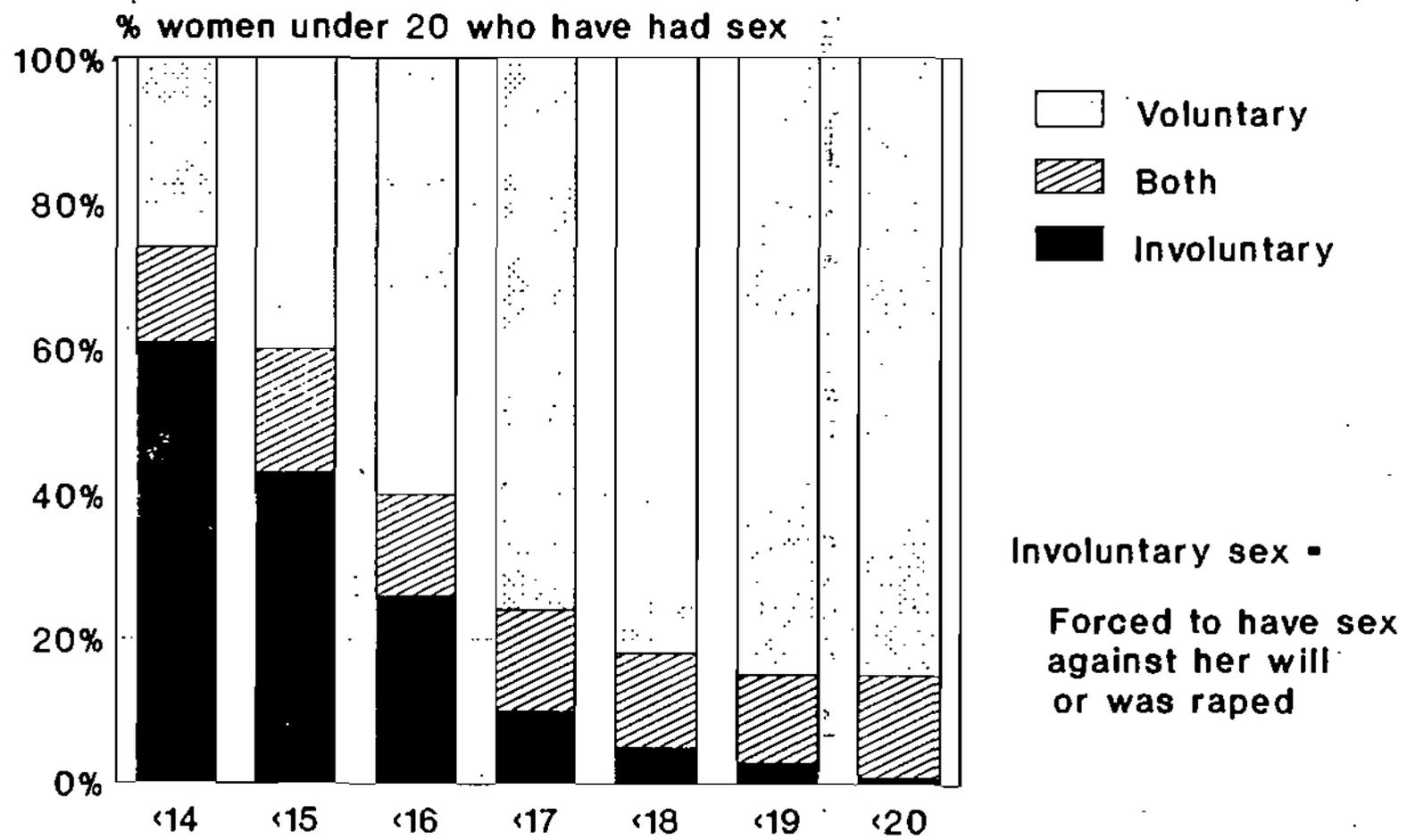
More women and men now begin sex as teenagers. Today 56% of women and 73% of men have sex before age 18



Interval from puberty to marriage rose for women from 7.2 to 11.8 years over last century; it is 12.5 years for men



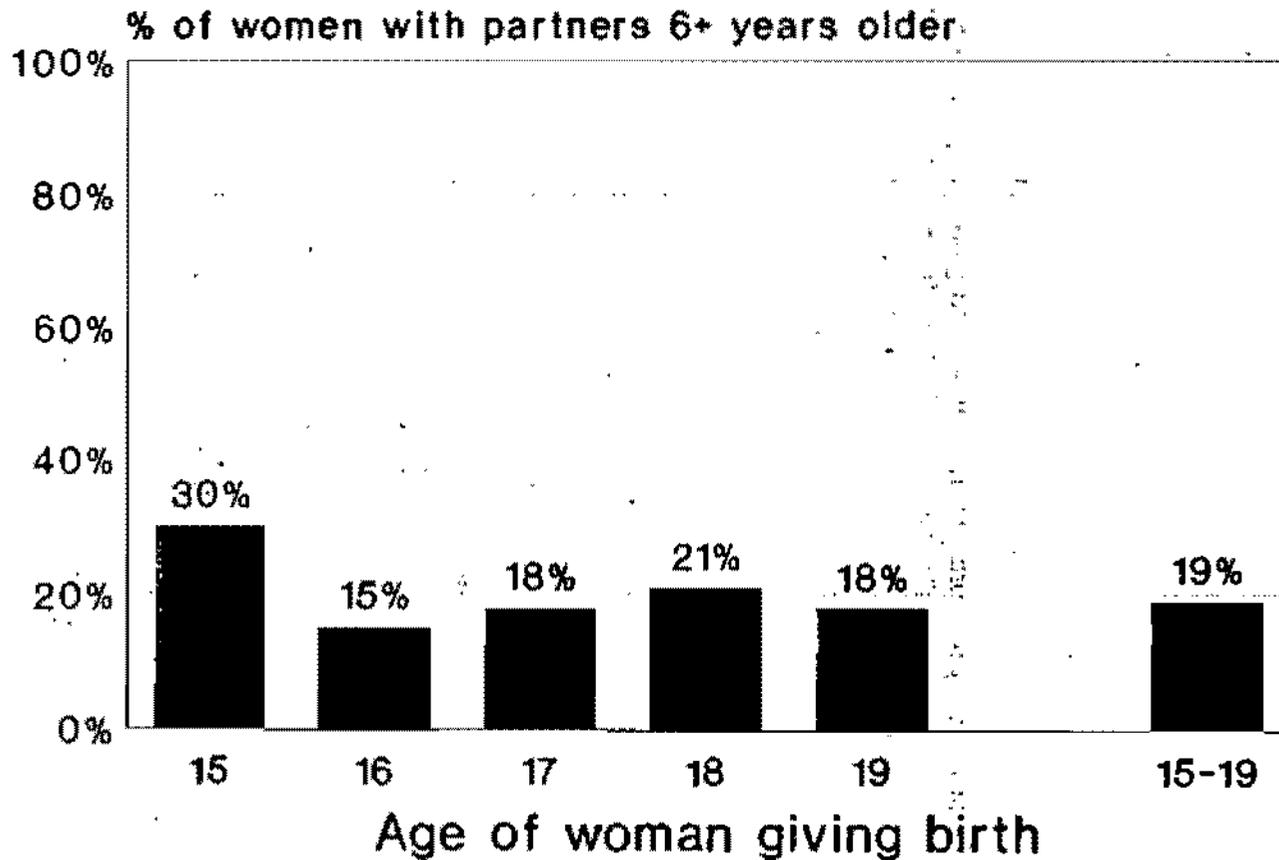
The younger a sexually experienced teen, the more likely sex was involuntary



AGI

AGI, Sex and America's Teenagers, 1994

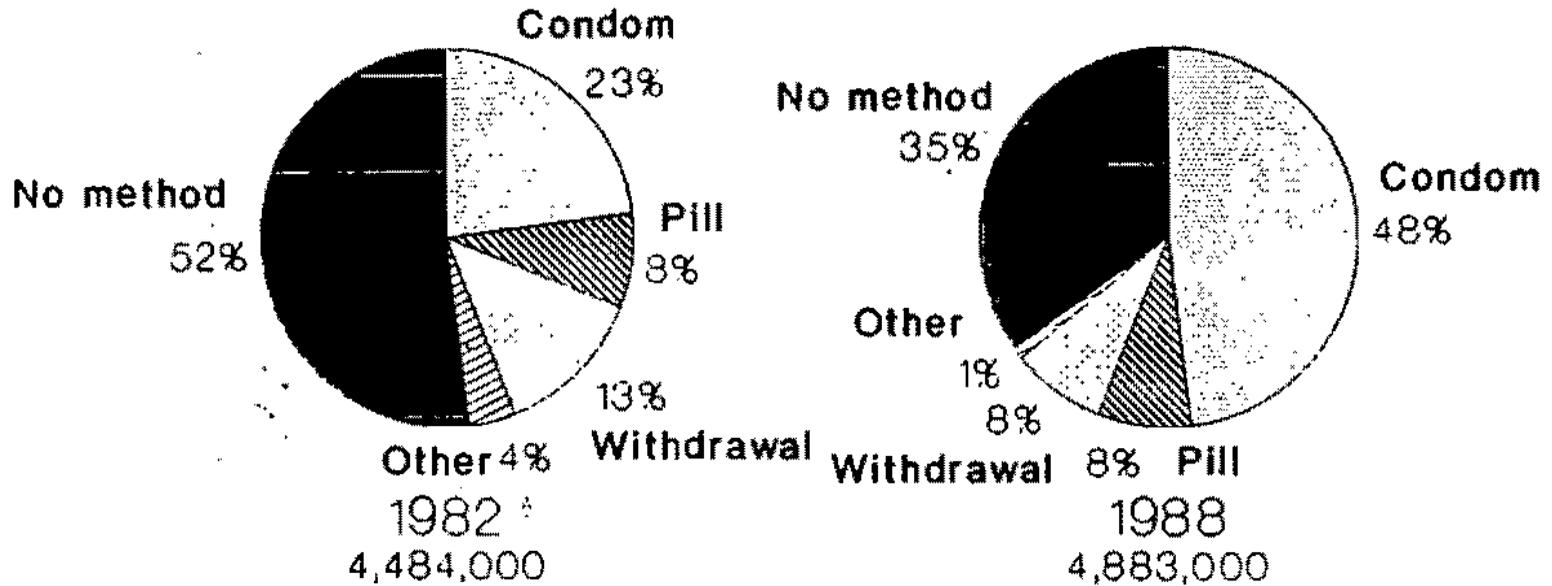
For many young women becoming mothers,
the baby's father is considerably
older - by six years or more



AGI

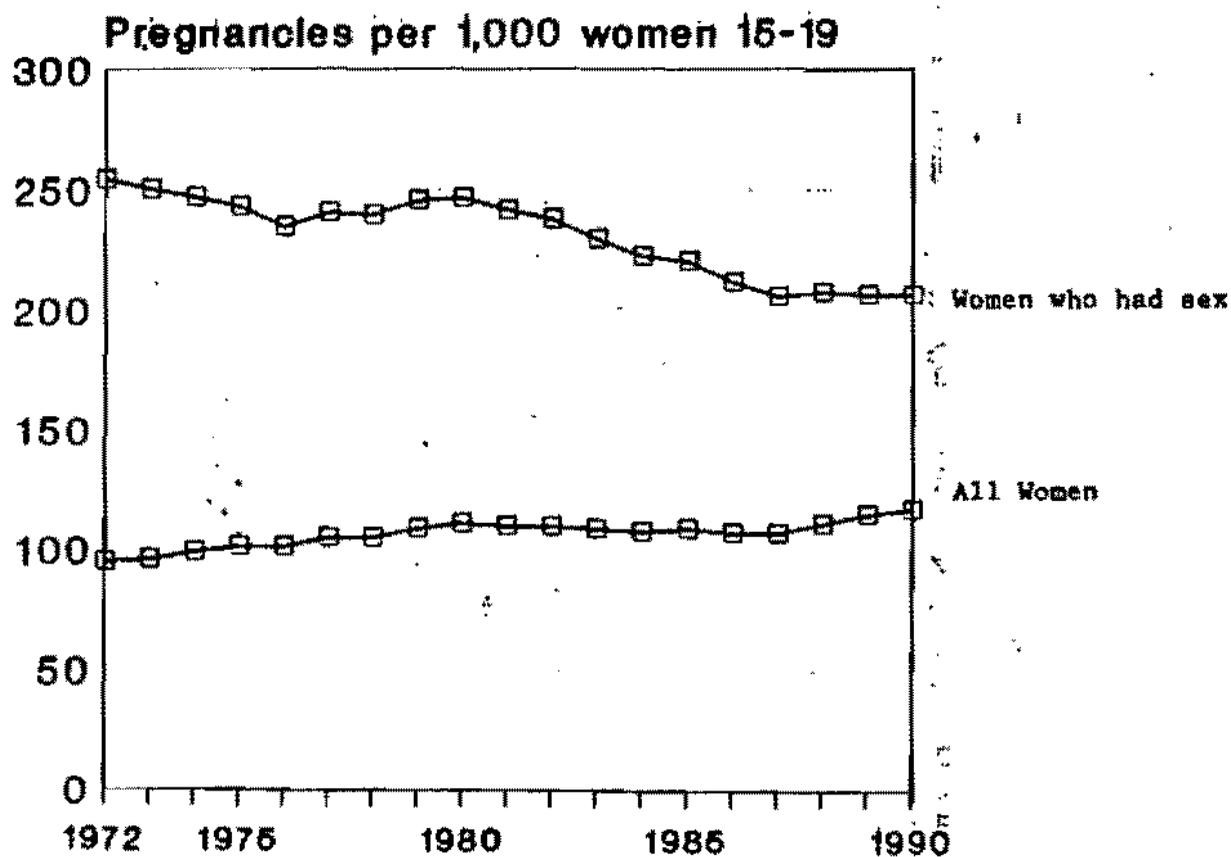
AGI, Sex and America's Teenagers, 1994

Contraceptive use at first sex rose from 1982 to 1988; condom use doubled.

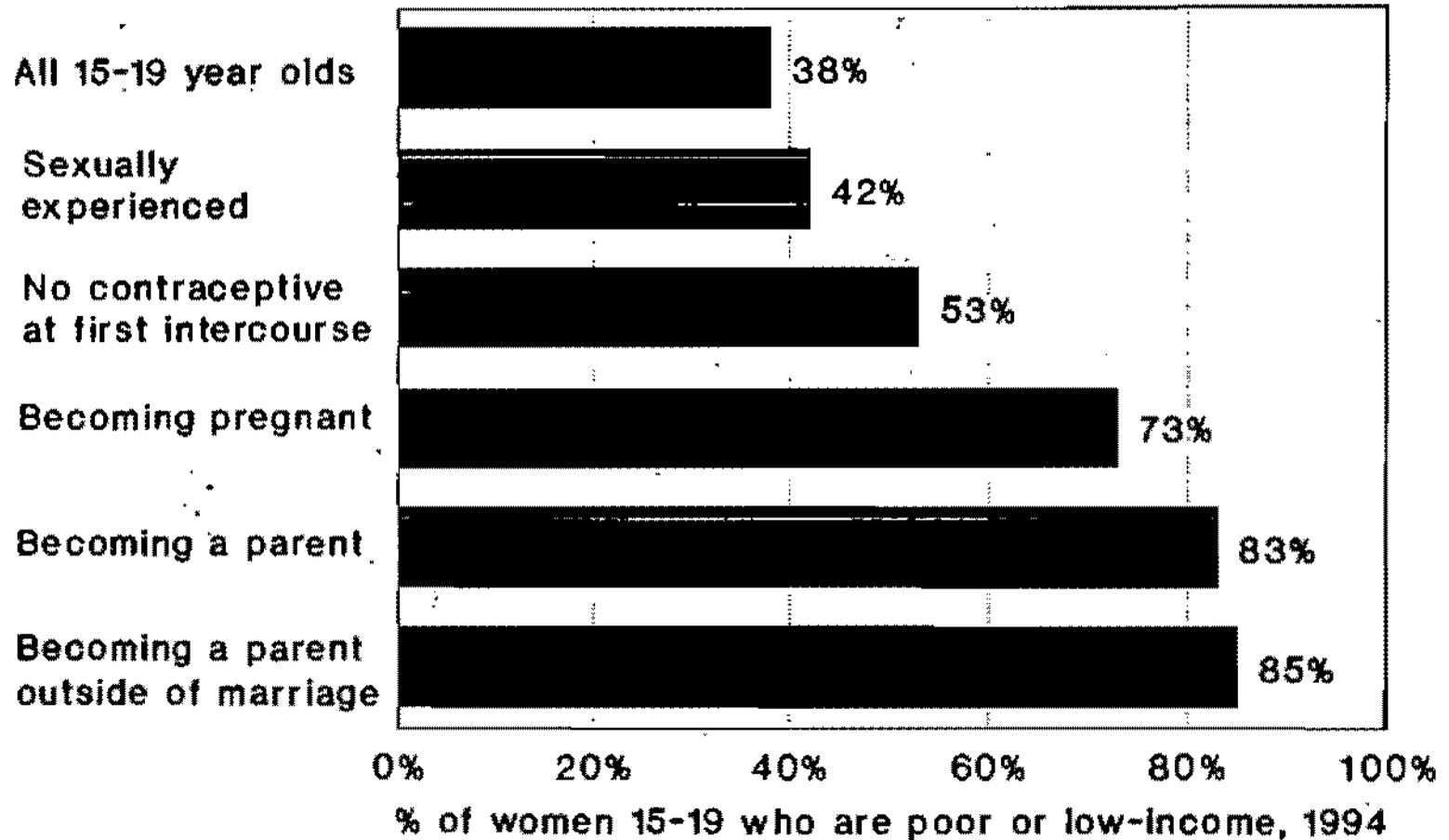


Sexually experienced women 15-19 at interview

Fewer sexually experienced teen women now get pregnant, but since more teens have had sex, total pregnancies are up



At each successive stage, teenagers are more likely to be already disadvantaged





JUN 7 1991

MEMORANDUM FOR THE HONORABLE CHRISTINE VARNEY
SECRETARY TO THE CABINET

FROM: Kevin Thurm

A handwritten signature in dark ink, appearing to read "Kevin Thurm".

SUBJECT: Memorandum to the President Concerning the Alan
Guttmacher Institute Report "Sex and America's
Teenagers" -- INFORMATION

Attached is a memorandum to the President summarizing the Alan Guttmacher report, to be released today, and highlighting actions already taken by the Administration to address concerns raised in the report. If you have any questions or would like further information, please let me know.

Attachment



APR 22 1994

MEMORANDUM FOR THE PRESIDENT

I am writing to suggest a new mechanism to focus the Administration's attention on efforts to ensure the financial soundness of Federal programs by supporting actions to strongly enforce Federal laws which protect against waste and abuse through investigations, audits and other program integrity tools. I believe such an effort will enhance our already impressive achievements in the area of deficit reduction and government efficiency.

For example, HHS and the Department of Justice will shortly announce details of a record \$300 million settlement with the National Medical Enterprises, Inc., in a case involving insurance fraud and patient abuse. This settlement is the product of an intensive three-year probe into allegations involving the use of "bounty fees" to lure psychiatric patients to NME facilities and the prolonged hospitalization of patients until their insurance benefits ran out. If we are not careful, in the future we may not be able to detect or pursue such cases. As a result, the quality of medical care and the financial integrity of Federal programs will be at risk.

This risk arises because of the unintended consequence of the discretionary freeze that demands our attention. The Budget Enforcement Act (BEA) has drawn an absolute distinction between discretionary and entitlement spending. Under the BEA's rules, Program Integrity activities--stewardship and oversight efforts which protect programs against waste and abuse--must be funded from the Discretionary side of the budget even though such efforts produce savings on the Entitlement side. Ironically, these rules create an unfortunate but understandable pressure on congressional appropriations committees to reduce Program Integrity spending. Core program functions like processing and paying claims must be funded first even though that means that little or nothing is left for Program Integrity efforts. As a result, lawmakers and administrators are unwisely curtailing spending in areas that produce savings which far exceed the initial investments made.

Let me give you three other examples from the programs at HHS:

- The Health Care Financing Administration (HCFA) estimates that expanded program integrity efforts would save at least \$8 million in health care spending for every additional \$1 million invested in this type of activity.

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● Recent unprecedented increases in initial disability applications have forced the Social Security Administration to curtail Continuing Disability Reviews (CDRs) thus causing significant losses to the Social Security and Medicare trust funds. For example, the reduction in CDRs in fiscal years 1990 through 1993 results in net projected losses to the trust funds of \$1.4 billion. This impact has drawn public attention. Also, witnesses from the State of California at a House Ways and Means Committee hearing reported that the Supplemental Security Income (SSI) program has failed to terminate known perpetrators of fraud involving the use of middlemen interpreters for immigrant SSI applicants.

● Diminished resources in the HHS Office of the Inspector General (OIG) meant that more than 2,000 cases of alleged fraud were not investigated in 1993, resulting in estimated annual losses of \$80 million. Furthermore, based on historical productivity, OIG estimates that the government saves \$61 million for every \$1 million it invests in oversight activities.

I know that each department and agency could cite other examples. The IRS, for example, estimates that it could increase Federal tax revenue by \$10 billion for each one percent increase in tax compliance (now estimated at 83 percent nationwide). The General Accounting Office (GAO) has said, in numerous studies, that a failure to invest in Program Integrity activities is a significant factor in lost program dollars.

As Federal officials, demonstrating good stewardship of the taxpayers' dollars is one of our foremost responsibilities. If we are to continue to build support for such initiatives as health care reform, welfare reform, childhood immunization, and expansion of Head Start, we must make it clear to the American people that we will continue to account for each dollar we spend and spend it wisely.

Because I so firmly believe that this situation is an unintended effect of well-meaning efforts to reduce the deficit, I recommend creation by you of an Interagency Task Force--led by OMB Director Panetta--to examine solutions as part of our preparation of the fiscal year 1996 budget. Task Force members should come from the Departments of Health and Human Services, Agriculture, Treasury and other departments and agencies that are appropriate.



Donna E. Shalala

APR 22 1994

MEMORANDUM FOR THE HONORABLE CHRISTINE VARNEY
SECRETARY TO THE CABINETFROM: Kevin Thurm 

SUBJECT: Program Integrity of the Administration's Spending Priorities

Attached please find a memorandum from Secretary Shalala to the President on the above mentioned subject. A copy of this memorandum is also being sent to Leon Panetta and Bob Rubin. If you have any questions, please call me on 202/690-6133.

Attachment

cc:

Leon Panetta
Bob Rubin



APR 6 1994

MEMORANDUM FOR THE PRESIDENT

In response to Executive Order 12862, "Setting Customer Service Standards," I am pleased to report to you that the Department of Health and Human Services has undertaken broad and precedent-setting initiatives to improve our service to customers.

Improving customer service is one of four themes I have adopted to guide Departmental activities during my tenure. I hope to leave as a personal legacy a reinvigorated sense among career employees that they are respected and rewarded for true "civil service" -- for listening and responding to the voices of the citizens they were hired to serve.

This memorandum describes the initial phase of our customer service efforts -- identifying our customers, and establishing the means for continuous interaction with them to assure that we are meeting their service expectations. In addition, it describes how we intend to look beyond individual program improvement to a more holistic and coordinated approach to serving people with multiple needs.

IDENTIFYING OUR "CUSTOMERS"

As you know, this Department is vast both in terms of its mission and reach. Almost every American is touched in some way by the work we do, whether it be through our research on disease prevention and cure, our oversight of food and drug safety, or our provision of health care, income security, and early childhood enrichment. Almost every form of institution plays some role in our service delivery, from neighborhood organizations that receive grants to large corporations that process health care claims.

Because of the breadth of our activities and the diversity of the systems through which we work, we felt it important to define our "customers" in a manner that would both simplify and clarify our mission. We chose to adopt your banner of "putting people first" as a guide in identifying our "customers."

We define our "customers" as the individuals and families that ultimately benefit from HHS services, whether we deliver those services directly or indirectly. Further, we define as "partners" all institutions and professionals that are financed by us to provide those services, such as state and local governments, health insurance carriers and fiscal intermediaries, contractors, grantees, and individual service providers. We are committed to improving both customer service and partner relations.

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Prepared by White

By making a distinction between customers and partners, we keep the ultimate beneficiaries of our services, the people, first on our agenda. For example, in the conduct of publicly-financed biomedical research, our primary customers are those citizens who may benefit from advances. The universities that receive support for biomedical research are partners in the quest for better public health. Therefore, even as we work to improve our relations with partners, we will gauge the appropriateness of our actions on whether they hold promise for improving the lives of people we serve.

PUTTING CUSTOMERS FIRST

There are three components to our customer service improvement strategy:

- 1) strengthening the collection of information from customers on their needs and their perception of HHS services;
- 2) applying this customer input to improve agency planning and service delivery; and
- 3) establishing stronger linkages between and among programs to better serve customers with multiple and interrelated needs.

All five HHS operating divisions -- the Social Security Administration (SSA), Health Care Financing Administration (HCFA), Public Health Service (PHS), Administration on Aging (AOA), and Administration on Children and Families (ACF) -- are currently developing or refining agency-wide strategic plans. Providing exceptional customer service is a top priority in each plan.

I am pleased to report that the Social Security Administration and the Indian Health Service in PHS, the two HHS programs that directly serve customers, were the first units in the federal government to win generic clearance from the Office of Management and Budget to conduct customer surveys.

The following descriptions are representative of activities in which HHS agencies are engaging to put our customers first --

Social Security Administration (SSA)

SSA has a proud tradition of customer service, and its employees have sustained a strong culture of caring within the organization. To preserve that culture in an era of expanding responsibilities, SSA created its "Framework for the Future", a strategic plan whose first goal is "To serve the public with compassion, courtesy, consideration, efficiency and accuracy."

The agency is committed to gathering and using input from the public to ensure that its actions are responsive to customer opinions and needs. This is a relatively new approach for SSA, which historically relied on internal assessments of public needs to guide its actions.

To advance this orientation, SSA conducts a vigorous program of focus groups and surveys to collect, analyze, and apply customer opinion measures to improve program operations, and to ensure that its strategy and benchmarks are in accordance with customer expectations. SSA has a skilled interviewing staff to conduct customer surveys and has trained employees to serve as focus group facilitators, thereby providing an ongoing capability to conduct such public interaction at all levels of the organization.

To date, SSA efforts to sample customer satisfaction and apply results to customer service improvements include:

▶ SSA Focus Groups

A series of beneficiary focus groups conducted during the past year, generated important information about how customers perceive a variety of SSA activities, including the processing of disability claims and overall quality of SSA benefit services. In addition, focus group participants offered opinions on the appropriateness, clarity, and format of SSA's most commonly used forms. From the initial focus groups, SSA gained an early, qualitative indication that its strategic plan is in line with beneficiary expectations. The agency is currently analyzing focus group feedback on the disability claims process.

▶ SSA Customer Surveys

SSA conducts a variety of customer surveys to ascertain the service expectations of current and potential beneficiaries, as well as their perceptions of current agency activities.

A recent survey of individuals who use SSA's toll-free 800 number found that a high percentage were satisfied with the service they received (89-93%). Almost all respondents felt that they were treated with courtesy (97-99%).

Over the next several months, SSA will collect survey information by telephone and in person from a sample of approximately 10,000 customers to determine their service expectations and overall satisfaction with agency services. Questions will identify: 1) the preferred methods of contact with the agency; 2) which aspects of service, such as timeliness, accuracy, etc., are most important to customers; and 3) customer suggestions for improved service.

This month, SSA began using comment cards to collect additional input from an estimated sample of 26,000 customers, in order to measure congruence between SSA's strategic plan service objectives and customer expectations.

In addition to these activities, the HHS Office of Inspector General (OIG) has a long history of gathering information from SSA customers about services received. These OIG surveys are intended to help guide SSA planning and program improvement:

▶ Client Satisfaction with Field Office Service

SSA has approximately 1,300 field offices providing service to customers directly. The OIG sampled visitors to SSA's field offices to ascertain their opinions on accessibility, timeliness, comfort, and the professionalism of field staff. The assessment found that most field office visitors were satisfied with the service they received.

▶ SSA Notices - Retirement and Survivor Benefits

The OIG surveyed beneficiaries to obtain their opinions about whether SSA notices were clear and understandable. Despite prior SSA efforts to improve its notices, beneficiaries continued to have difficulty understanding them. Beneficiaries found notices that had not yet been upgraded to SSA's new standards particularly hard to understand. Based on the survey information, SSA is revising its notices to improve their clarity.

▶ Supplemental Security Income Notices

The OIG sampled SSI beneficiaries and found that they, too, had trouble understanding notices. The award letter, SSA's first official communication of eligibility and payment information, was the most difficult for beneficiaries to understand. Again, SSA is responding to improve the clarity of its SSI mailings.

▶ Overall Client Satisfaction

For the past eight years, the OIG has conducted an annual survey of overall SSA client satisfaction. In FY 1993, the OIG surveyed approximately 1,300 SSA beneficiaries to determine satisfaction with services. The survey found that customer satisfaction is high but declining due to service delays. Survey participants were pleased with the courtesy and "good job performance" of SSA staff, and that contributed to continued overall satisfaction. SSA used this survey as an initial baseline for its customer service planning.

Health Care Financing Administration (HCFA)

HCFA programs assure health security to 32 million Medicaid and 36 million Medicare beneficiaries. In its recent strategic planning effort, HCFA dedicated itself to serving its

customers, and to ensure that programs and services respond to the health care needs of beneficiaries.

In its effort to put customers first, HCFA defines its overall mission as assuring health care security for beneficiaries. Health security translates into three benchmarks: access to affordable and quality health care services; protection of the rights and dignity of beneficiaries; and, provision of clear and useful information to beneficiaries and providers to assist them in making health care choices.

HCFA's activities on behalf of its customers are principally through partners, including States and private contractors. In addition, for its Medicare customers, Social Security offices throughout the country serve as a major contact point. Indeed, HCFA transfers significant funds to SSA for this purpose.

Both HCFA and the HHS Office of Inspector General (OIG) have developed studies to help guide Medicare and Medicaid beneficiary service improvements. Focus groups have been convened and surveys undertaken at the national, regional, and state levels. Among the customer opinion surveys that are either underway or completed are:

▶ Medicare Current Beneficiary Survey (HCFA)

An approximate sample of 14,500 current Medicare beneficiaries have been polled concerning such issues as service availability, quality, doctor/patient communication, and follow-up care. Beneficiaries report satisfaction with these service components.

▶ Medicare Beneficiary Surveys (OIG)

The OIG conducts biennial surveys of Medicare beneficiaries. In 1993, the OIG surveyed more than 1,200 beneficiaries across the country to determine customer satisfaction with claims processing, understanding of the Medicare program, and ability to obtain information. The OIG found customers to be satisfied with these service components.

▶ Medicare Beneficiary/Carrier Survey (HCFA)

HCFA is piloting a beneficiary survey in five carrier areas to solicit information from customers about the service they receive from these carriers. Nine thousand surveys, 1,800 from each carrier, will be circulated and the results tabulated by the end of the year.

▶ Beneficiary Focus Groups

Eight focus groups of Medicare beneficiaries and seven groups of health representatives and special needs populations were conducted recently as a tool to help the Medicare program be more responsive to the people it serves. The study found that beneficiaries

like the security of the Medicare system but perceive a problem with information communication and dissemination. HCFA is currently developing new communications strategies to meet customer needs identified.

HCFA has also conducted both national and regional surveys to determine partner satisfaction with a number of its Medicaid and Medicare activities, including the timeliness and clarity of correspondence and policy notices, training and certification requirements, nursing home inspections and the timeliness of payments to physicians and hospitals. Upon completion and approval of its strategic plan, numerous additional customer service activities and proposals will emerge.

Public Health Service (PHS) / Indian Health Service (IHS)

To date, much of the Public Health Service's customer survey work has focused on the Indian Health Service (IHS), the one PHS agency that provides direct services to clients. Each year, IHS services the health care needs of approximately 1.33 million American Indians and Alaska Natives in IHS or tribally-operated facilities.

IHS directly administers 42 hospitals, 65 health centers, 4 school health centers, and 52 smaller health stations. In addition to inpatient and outpatient medical care, the IHS provides services for dental care, mental health, alcohol and substance abuse prevention and treatment, public health nursing, community health, nutrition and dietetics, injury prevention and control, and environmental health. Beyond those services it provides directly, IHS also contracts with tribal organizations and urban community organizations to operate hospitals, health centers and stations.

The IHS has been conducting patient satisfaction surveys at the local level for some time in accordance with requirements of the Joint Commission on Accreditation of Health Care Organizations. These surveys have been limited in terms of scope and patient participation.

IHS has established an ongoing process for strengthening its customer service activities. It is developing customer service standards and survey instruments, and is providing technical assistance to field units on how to gather and use feedback information from patients. IHS will encourage local facilities to establish and maintain their own customer feedback activities to guide locally-initiated service improvements. Two local IHS facilities in Phoenix, Arizona, and Anchorage, Alaska, have been designated National Performance Review re-invention laboratories. These sites will pilot test customer service improvements, including the conduct of customer surveys.

Administration on Aging (AOA)

AOA is taking dramatic steps to enhance communication with its customers, recognizing the unique aspects of customer satisfaction in dealing with the aging population. AOA is establishing a variety of feedback mechanisms, including:

▶ 800 Number Eldercare Locator Information and Assistance

AOA is sampling users of the 800 telephone information system to determine usefulness and customer satisfaction with the appropriateness and value of assistance received, the courtesy of staff, and other service elements.

▶ Focus Groups and Forums on Initiatives

AOA is conducting focus groups and forums to gain customer input on its four initiatives -- improving nutrition and combating hunger; developing a home and community-based long-term care system; providing assistance to older women; and long-term planning for how society and individuals should respond to the changing financial and lifestyle needs of the aging.

▶ National Aging Program Information System

In its new comprehensive information system for aging programs, AOA is incorporating a component to gather customer information about their unmet needs.

▶ Town Hall Meetings on Aging Services

AOA is continuing to expand its use of formal town hall meetings around the country that enable direct discussions with customers of aging services about their needs, expectations, and level of satisfaction with current services.

Administration for Children and Families (ACF)

ACF services are delivered to customers through intermediaries, such as states and grantees, so contact with its ultimate customers has been minimal. However, through the OIG, ACF has undertaken initial efforts to measure customer satisfaction with the programs it supports.

▶ Job Opportunities and Basic Skills (JOBS) Program Satisfaction

The OIG assessed customer satisfaction with the Job Opportunities and Basic Skills Training (JOBS) program on behalf of ACF. The OIG asked customers about their knowledge of the program, the appropriateness of services they received, and whether training provided was responsive to their needs. The OIG found that JOBS program participants were satisfied with these measures of service.

IMPROVING PARTNERSHIPS

Many HHS services are delivered to customers through one or more intermediaries, such as state or local governments, insurance carriers, grantees or contractors. We view these entities as partners in service provision, and the ultimate quality and appropriateness of

what they deliver to people depends upon the quality and appropriateness of our partnership with them. As you know, we have worked hard over the past year to improve our partnerships, particularly with state and local governments. The results are impressive.

Streamlined Waiver Process

Last year, HHS engaged in lengthy and productive discussions with the National Governors' Association and other state representatives regarding a number of issues, including simplification of the research and demonstration waiver process, principally concerning Medicaid and Aid to Families with Dependent Children. As a result of these consultations, we took steps to simplify and speed up our waiver review process.

Our track record over the past year in reviewing and granting waivers speaks for itself -- waiver processing time for Medicaid has been cut by almost two-thirds, and five states have been granted waivers (Oregon, Hawaii, Rhode Island, Tennessee, and Kentucky). Twelve states have received waivers to conduct welfare reform experiments (California, Colorado, Florida, Georgia, Illinois, Iowa, Oklahoma, South Dakota, Vermont, Virginia, Wisconsin, and Wyoming). The availability of these waivers makes it easier for states to pursue more effective approaches to serving our customers appropriately.

Family Preservation and Support

Last year's budget reconciliation legislation provides approximately \$1 billion over the next five years to states to implement your new family preservation and support initiative. HHS has undertaken this initiative as a model of partnership with states, tribes and communities. All of the stakeholders were consulted through focus groups and meetings in Washington and in the ten HHS Regional cities. Consultations were held with state and local government officials, tribal officials, judges, other federal agencies, advocates and professional organizations, community and voluntary groups, and foster and adoptive parents. Their input shaped the guidance we have issued, and the reaction from the field is very positive: people see that their concerns have been addressed.

In the implementation phase of Family Preservation and Support, now underway, the Administration for Children and Families is seeking to extend this consultation to the state, tribal, and local levels, by conducting Family Preservation and Support Conferences in every HHS Region. The conferences are designed in large part to focus on identifying the desires and needs of families and children for social services, and to develop state and tribal plans that will re-focus traditional child welfare services to better meet the needs of these ultimate customers.

Community Empowerment Initiative

HHS is a major contributor to the Empowerment Zone and Enterprise Community program. In addition to a \$1 billion supplement to the Social Services Block Grant Program (Title XX), the Department identified \$400 million in existing grant program funds for which distressed communities that undertake comprehensive planning will receive special consideration. The new Title XX funds have few statutory "strings" and may be used by designated communities to meet their unique social service priorities. Furthermore, we will work with all applicants, whether or not they are designated, to address Federal barriers to effective services, as identified through their strategic planning process. Thus, the Community Empowerment Initiative enables the development and provision of locally-appropriate customer services.

Services to the Homeless

Included in your FY 1995 budget are a number of program consolidations recommended by HHS to increase local flexibility in serving the homeless. We are engaged with the Domestic Policy Council's Working Group on Homelessness to identify further opportunities to consolidate and simplify Federal funding, and thereby facilitate local responsiveness in serving our customers.

FURTHERING PARTNER INPUT

In addition to these initiatives that create new relationships with state and local governments, each of our agencies is looking at ways to improve our day-to-day activities involving our partners. We are exploring the use of surveys and focus groups with partners on a broad range of topics, including how we communicate with them, and the kinds of standards or rules we set for their administration of programs, financial accounting, and payment schedules. We will seek clearance from the Office of Management and Budget to conduct surveys with partners to ascertain their opinions of our work and collect suggestions they have for improving the partnership.

We also will work with partners to expand their customer service activities, and will explore the possibilities for jointly-conducted customer service surveys with appropriate service delivery partners.

CUSTOMER SERVICE AND SERVICES INTEGRATION

As HHS implements its customer service initiatives, we intend to look beyond program-specific improvements. Many, if not most, of our customers have multiple and interrelated service needs. To improve customer access to a continuum of appropriate services, we believe that it is our responsibility to foster program coordination and service integration at all levels of the Department, as well as across the Federal Government, and in states and communities.

Therefore, we have organized our customer service improvement effort to include services coordination, or integration. We have established an ongoing workgroup comprised of senior officials representing all operating and staff components focused specifically on improving customer services through service integration and other approaches to program innovation, comprehensiveness, and partner flexibility.

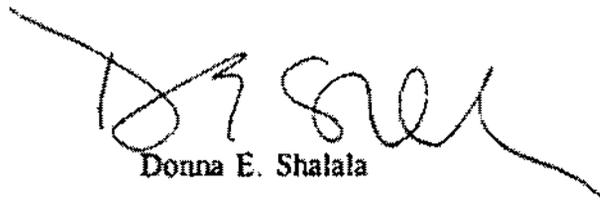
The workgroup has given early attention to two critical populations of customers -- children/families and the aging. The group is developing recommendations for each of these populations concerning: 1) opportunities for consolidating application and reporting requirements for Federal programs; 2) innovative criteria for evaluating coordinated or integrated service systems at the local level; 3) model training programs for integrated or coordinated service staff at the local level; and 4) potential opportunities for achieving compatible program eligibility requirements, program consolidations and/or HHS organizational improvements.

The Family Preservation and Support Program is proving to be an excellent laboratory for demonstrating services integration strategies. Already a number of HHS agencies are collaborating to combine funds for greater impact. And a major focus of program implementation is encouraging at the state, tribal and community levels, and modelling at the federal level, collaborative behavior among all agencies serving children and families.

In addition, a number of other activities are under development, including: creating a central contact point to work with state and local governments to address Federal rules that impede their customer service efforts, coordinating plans and efforts with other departments on the anti-violence initiative, and establishing better linkages among appropriate programs at the community level.

As we work on each major initiative, such as health care and welfare reform, violence prevention and reduction, childhood immunization, service to the homeless, and Head Start improvement and expansion, it has become clear that none of our programs operating alone can make a real difference in the lives of people we serve. We believe the true promise of customer service will be realized only when programs work together at all levels of the delivery system to provide synergistic, mutually reinforcing services tailored to the specific needs of individuals and families.

We will continue to report progress on our customer service initiatives as we prepare to publish our overall plan in September.



Donna E. Shalala



THE DEPUTY SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON D C 20201

TO: The Secretary
Thru: COS [Signature] / JH 2/21/94
ES [Signature]

FROM: The Deputy Secretary

SUBJECT: Memorandum to the President on Executive Order 12862,
"Setting Customer Service Standards" -- ACTION MEMORANDUM

Issue

Should you sign the attached memorandum to the President describing the Department's initial implementation of customer service requirements of the subject Executive Order?

Background

President Clinton issued his customer service Executive Order in September, 1993 (attached at Tab A). The order directs every agency to develop customer service plans within a year and to report now on: 1) how we define "customers;" and 2) how we are going about learning what customers expect from our programs.

While the Executive Order applies only to programs that provide services directly to customers (in HHS, SSA and the Indian Health Service), we are applying its requirements to all our programs, even those that serve customers through intermediaries such as state and local governments. The report you are being asked to send covers all five operating components of the Department.

Discussion

Customer service is a major focus of the Continuous Improvement Program (CIP). To implement the Executive Order and your customer service theme, a work group composed of representatives from all HHS units is coordinating the customer service activities described in the report to the President.

One of the first achievements of this group was securing broad approval from OMB for SSA and IHS to conduct customer surveys without item-by-item clearance. We were the first Department to gain such approval. All other components should have similar clearance from OMB within the next few weeks.

As the attached report to the President shows, there is a great deal of solid customer service work going on throughout the Department. It should be noted that we have been quite innovative in our approach to customer service:

- o We have defined "customers" as the ultimate beneficiaries of our services -- individuals and families. We have further defined all the intermediaries through which services are provided, such as governmental agencies, providers, contractors, grantees, as "partners." We are committed to improving both customer service and partner relations.
- o We have linked the concept of services integration to customer service. The work group is developing recommendations for your consideration to advance the cause of integrating services to customers with multiple and interrelated needs.

These approaches have received considerable praise from the Vice President's National Performance Review staff. Several other Departments have asked us to share our approach with them.

Review

The attached report has been reviewed by senior level staff from all Operating and Staff Divisions as part of the CIP process. Their comments have been incorporated.

Recommendation

That you sign the attached memorandum to the President.


Walter D. Broadnax

Attachment: Executive Order 12862 (Tab A)



4/c

MAR 31 1994

MEMORANDUM FOR THE PRESIDENT

SUBJECT: Revitalizing and Streamlining HHS's Regulatory Process

The Department of Health and Human Services has been a significant contributor to, and supporter of, your efforts "to give the American people a regulatory system that works for them and not against them."

As you know, HHS as the "People's Department" provides direct services or assistance to one of every five Americans. With emphasis on children, the elderly, disabled persons, the poor and others who are most vulnerable, HHS is the federal government's principal agency for protecting health and providing essential human services to Americans. HHS activities are striking in their variety, ranging from the largest programs in government (Social Security, Medicare, Medicaid) to some of the smallest ... from improving infant health to providing care for the elderly ... from gathering basic national health and welfare statistics, to providing job training, health clinics and Head Start services ... and from the cutting edge of health research at the National Institutes for Health, to regulating products that account for some 25 cents of every dollar spent by American consumers at the Food and Drug Administration (FDA).

In carrying out its responsibilities, HHS issues approximately 1,000 regulatory documents annually. Because of the importance of HHS regulatory activity, it is essential that HHS's regulatory system and rules achieve the principles set forth in the Executive Order. Shortly after your issuance of Executive Order 12866 on Regulatory Planning and Review, we began our efforts to revitalize and to streamline our regulatory process to fully achieve the principles that you established in the Executive Order. I am pleased to inform you and the Vice President of the steps HHS has taken to revitalize and streamline our regulatory system and the results of my review of the rulemaking procedures.

Revitalization of Regulatory Management and Oversight

To assure that our objectives are met, I have made top-level attention to management of the regulatory process an HHS priority. I appointed my Chief of Staff as the HHS Regulatory Policy Officer to elevate and strengthen the Department's management of the regulation process. He is working with the Deputy Secretary and the Department's agency heads to quickly identify regulatory policy issues and to frame them for my action. I have asked the heads of HHS agencies to assure that achieving the Administration's goals for regulatory reform is given appropriate attention -- and that top-level regulatory management and policy making is a personal priority.

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Prepared by ESS

To overcome problems resulting from late identification of issues, HHS has focused more on the beginning of development of each important regulation. Years of staff time are wasted when pivotal issues are overlooked until the public comment period or other relatively late step in the process. Our efforts have included increased emphasis on planning, public consultation, early issue resolution, and a team approach to regulation drafting. As a result of this up-front focus, we expect to facilitate regulatory review within HHS and OMB, and to issue rules that better meet the needs of the public.

Development of a new HHS regulatory plan is well underway. The heads of each HHS agency are responsible for identifying the regulatory revisions that are needed to meet the Administration's programmatic and regulatory objectives. I believe that focussing on HHS's top priority regulations and effectively planning for their development is a key element in improving our process. Once I have approved our new plans, the heads of the Agencies, together with the HHS Regulatory Policy Officer, will be responsible for managing the development of these important regulations according to specific schedules.

HHS is committed to substantial reforms of our existing regulations to reduce the burden on those we regulate while effectively meeting the health and human services responsibilities of this Department. To focus our review on those items in most need of revisions, we have asked the public for recommendations through a request published in the Federal Register. Once we have identified the most critical candidates for review, they will become an integral part of the priorities for this Department.

HHS fully supports the Administration's initiative to reduce the regulatory burden on small businesses and is taking special steps to minimize the impact of its rules on this community. Last year, for example, the FDA led a successful effort for congressional enactment of an exemption from new food labeling requirements for small businesses. This year the agency launched a major new seafood safety initiative, in which the proposed regulation was carefully crafted to take into account the fact that most seafood processors are small businesses. FDA is also one of the six agencies participating in the joint SBA/OMB project to work with the small business community on regulatory reform.

Enhanced Consultation and Efficient Rulemaking

Earlier consultation with those parties affected by federal rulemaking is critical to developing workable regulations. No longer will this Department wait to receive public input through the limited means of the required public comment period on proposed rules. HHS will use a number of innovative approaches,

including negotiated rulemaking, as we work on developing the most effective strategies for consultation with state and local governments and the wide variety of other groups and individuals affected by HHS rules.

Listening to and acting upon the opinions of beneficiaries of HHS programs is a hallmark of my tenure at HHS. Seeking feedback from persons affected by HHS programs is important whether our actions take the form of regulations or any other activity. We will use traditional means such as formal Federal Register notices and public meetings early in the rulemaking process as well as less traditional approaches including focus groups, electronic forums, and opinion surveys. HHS consultation will include, but extend beyond, organized interest groups to reach the American citizens whose day-to-day lives are changed by the way HHS regulates.

Similarly, HHS is taking a new approach to our relationship with state and local governments. We are listening to state and local officials who have objected to imposition of unfunded mandates and other significant changes on the way states and localities operate. Where possible, mandates -- unfunded or not -- are now being avoided by HHS programs. This approach applies to regulations as well as other administrative actions. Following your lead, where it appears necessary to impose an unfunded mandate, I have instructed my senior staff to consult with affected governments early in the process, and to also seek my guidance on sensitive intergovernmental issues early in the regulatory process.

We are carrying out our decision-making and consultation with a full appreciation of state and local governments as our partners in serving the public. To enhance our activities, our Intergovernment Affairs office has met with five state and local government associations to solicit their ideas on how HHS should structure its consultation process. We are considering refinements in our process based on the suggestions we have received. More meetings with these and other representatives of our partners in the federal system are planned.

As an example of our new approach, in preparation for the formal process of developing guidelines and regulations for the new family preservation and support program, the Administration for Children and Families conducted five national focus groups to enhance the level of understanding of federal staff. Each focus group included family support program directors, experts, and resources center staff; national advocacy, interest groups and professional organizations; and state and local child welfare agencies with experience in providing family preservation and family support services.

While I recognize that our commitment to extensive consultation will consume extra time at the beginning of the regulatory process, this effort will pay off by the end of the process by avoiding unanticipated contentious issues that often now hold up the later stages of development.

The archaic, paper-intensive regulation review process can be streamlined through full use of electronic technology. The HHS Chief of Staff is co-chairing an interagency committee that will lead a government-wide effort to take advantage of technological advances in streamlining the federal regulatory process. HHS plans to play a leadership role in exploring use of computer applications for review of regulations by HHS staff as well as by the public. For example, HHS staff are now reviewing a regulation on computer that would have required 800 pages had it been produced in the typical paper format. We are also planning to test an approach to receiving public comments electronically.

Streamlining and Continuing Improvements

I share your view that the level of review a regulation undergoes should be based upon the complexity and significance of the regulation. We are working closely with OMB to assist them in their efforts to streamline OMB review of HHS rules. We are pleased that a number of HHS's less significant rules no longer require OMB review, and look forward to refining this process so that in the future even fewer of our rules will require review. In fact, we have recently asked OMB to exempt most HHS grant notices from review. This would take hundreds of documents out of OMB's workload, and free both OMB and HHS staff to work on more critical tasks.

HHS is historically a highly diversified and decentralized organization, with significant decision-making authority below the Departmental level. A perennial management issue has been how to ensure appropriate guidance and direction by the Secretary to bring about coherent policy, reflecting the goals of the Administration.

I intend to assure that all categories of HHS rules will undergo the appropriate level of review within HHS. Although many HHS rules have a highly significant impact on the public, the budget, or various sectors of the economy, many other HHS rules do not. Early in the Administration, I reaffirmed a delegation under which most rules issued by the FDA are approved by the FDA Commissioner or a lower level official, and they are not reviewed within other parts of HHS. Out of roughly 400 HHS proposed and final rules issued in a given year, about 50 per cent are signed by an official of the FDA. The remaining types of regulatory documents, which number about 600 a year, are all signed at a level lower than the Secretary.

Our experience thus far has been very productive, and I anticipate taking further steps to streamline the regulatory process in HHS. In his role relating to the National Performance Review, my Deputy Secretary set up a workgroup to scrutinize the regulatory process in HHS and identify opportunities for improvements. This group, composed of regulatory experts representing all parts of this vast Department, has worked together over the past six months to develop specific proposals to enhance the quality and timeliness of HHS rulemaking. The group's input is being reviewed by key HHS staff and I look forward to considering further improvement alternatives in the near future.

I intend to maintain an on-going effort to assure that the regulatory process is working effectively to achieve the regulatory principles that you have established in your Executive Order and the programmatic goals we intend to meet. A copy of this memorandum is being sent to the Vice President.


Donna E. Shalala



MAR 28 1991

MEMORANDUM FOR THE PRESIDENT

In accord with tradition of past years, I recommend that you issue a statement in recognition of World Health Day, which is commemorated by Member Nations of the World Health Organization. A suggested draft message is enclosed for your consideration. The practice has been for the White House to deliver the message a day or two before April 7 to the Director, Pan American Health Organization (PAHO), in his capacity as the Director of the Regional Office of the World Health Organization for the Americas.



Donna E. Shalala

Enclosure

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World Health Day, 1994

I am pleased to recognize April 7, as World Health Day, in commemoration of the founding of the World Health Organization. The theme for World Health Day, 1994, "*Oral Health for a Healthy Life*," reminds us that to be truly healthy we must be healthy in every way, including the important area of oral health. It has not been so long ago that the pain and inconvenience of dental problems were something most Americans could expect throughout their lives. I am sure that many of us can recall in our own families, our grandparents, aunts, and uncles with many dental problems and missing teeth.

For the most part, such health problems can be a thing of the past. Today, many Americans enjoy good oral health thanks to effective disease prevention techniques, regular professional care and avoidance of behaviors that place their oral health at risk, including, for example, tobacco use, lack of proper oral hygiene, and failure to use fluorides effectively.

Today's school aged children enjoy better oral health and less dental decay than did our children in previous decades. Much of the credit for this progress must go to the widespread use of fluorides, improved oral hygiene practices, and more widespread use of professional dental services. Likewise, tooth loss among adult Americans has been declining in recent years.

Despite this progress, many children and adults continue to suffer needlessly from preventable oral diseases. By age 17, more than four out of five children have experienced dental decay, with one fourth of our children and adolescents experiencing 75 percent of all decay. Nearly a third of seniors over 65 have lost all of their natural teeth. Nearly 30,000 cases of deadly mouth and pharynx cancers occur each year in this country. Consistent with most diseases, these oral diseases strike hardest at ethnic and racial minorities and those of lower economic means.

Effective prevention and treatment exist for these oral diseases and conditions. Thus, we must make a concerted effort to improve oral health and, in so doing, we will improve our overall state of health. For this reason, I am pleased to include preventive and primary oral health services as part of my health care reform plan. I am certain inclusion of oral health services will result in a healthier America.

The World Health Organization and its many partners are to be commended for bringing the important message of good oral health to the world's people. I urge individuals, families and professional and consumer organizations to take advantage of the World Health Day theme and to use this event as a springboard for continuing commitment to oral health throughout 1994 and in the coming years.



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MEMORANDUM TO THE PRESIDENT

ISSUE

I am submitting the following list of recommendations for your consideration to the Policy Committee of the White House Conference on Aging, as required by P.L. 102-375, the Older Americans Act Amendments of 1992. This list has been compiled with my approval by the Assistant Secretary for Aging, Fernando M. Torres-Gil, and the Executive Director of the White House Conference on Aging, Robert B. Blancato, after careful review of many individuals across the nation who are qualified to serve on this Committee.

BACKGROUND

Under Section 204 of P.L. 102-375, the 1992 Amendments to the Older Americans Act, a 25-person Policy Committee is to be established for the White House Conference on Aging. Of those appointed, Congress must choose 12. The President is required to choose 13 individuals, 10 of whom are "members with experience in the field of aging who may include representatives of public aging agencies, institution-based organizations and minority aging organizations." The remaining three must be officers of the Federal Government.

The Policy Committee for the White House Conference on Aging has many responsibilities, including:

- o recommending to the Secretary of HHS when to convene the Conference;
- o formulating and approving a proposed agenda for the Conference;
- o determining the number of delegates and other participants to the Conference, and
- o formulating and approving the initial report of the Conference.

In addition, the Policy Committee has to comply with a number of specific dates which are outlined in P.L. 103-171, the Technical Amendments to the Older Americans Act of 1993, including holding

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its first meeting within 30 days after the last member of the Committee is named, and formulating and approving a proposed agenda not later than 60 days after its first meeting.

DISCUSSION

Under the requirements of the Technical Amendments to the Older Americans Act of 1993, the White House Conference on Aging is to be convened not later than May 31, 1995. This presents an extremely tight time schedule for planning not only this national conference, but the State, local and mini-conferences which traditionally precede a White House Conference on Aging. Additionally, under the Technical Amendments, the Policy Committee was to be named by December 31, 1993. Congress is currently developing its list of Policy Committee Members.

Below you will find the names of sixteen individuals I am recommending from whom you may elect to choose the ten individuals you are required to name to the Policy Committee. As you will note, included with each name is some descriptive background for your information and easy reference.

Recommendations (16)

Carter, Charles, President, National Association of Retired Federal Employees representing 2 million retirees. Mr. Carter is a former key officer of the American Federation of Government Employees.

Chen, Dr. (Bing) Yung-Ping, Frank J. Manning Eminent Scholar's Chair in Gerontology at the University of Massachusetts in Boston.

Deets, Horace, Executive Director, American Association for Retired Persons, Washington, D.C. Mr. Deets heads the largest senior organization in the Nation and has been quite active with the new Executive Director in early planning for the White House Conference on Aging.

Delacruz, James T., Member of Quinalt Indian Nation and Quinalt Senior Citizens Program Coordinator. Mr. Delacruz is the current President of National Title VI Directors (Grants to Native Americans).

Debrof, Dr. Rose, Acting Vice President for Institutional Advancement, Hunter College in New York City, and Executive Director of the Brookdale Center on Aging.

Downs, Hugh, Anchor, 20/20 ABC News Magazine. Mr. Downs has been endorsed by the American Association of Retired Persons and is the author of "Thirty Dirty Lies About Being Old."

Gould, Jane, Executive Director, New York State Office on Aging and President, National Association of State Units on Aging, representing 57 State Units on Aging.

Haas, Ed, Director, White River Area Agency on Aging, Batesville, Arkansas.

Henry, Aaron, President, National Caucus and Center on Black Aged, Inc. He has been an organizer and leader of the National Association for the Advancement of Colored Persons (NAACP) since 1953 when he organized the Coahoma County Branch of that organization, and participated in the Freedom Rider Movement.

Oakar, Mary Rose, former Representative from Ohio. Ms. Oakar is currently President and CEO of Mary Rose Oakar and Associates, Inc. In addition to many other honors, she was selected as "One of America's Most Important Women" by Ladies Home Journal.

Pollack, Ron, Executive Director, Families USA, Washington, D.C., and former Dean of the Antioch University School of Law.

Schramm, Cheryl, President, National Association of Area Agencies on Aging. Ms. Schramm represents 677 area agencies on aging throughout the country.

Snedley, Lawrence, Executive Director, National Council of Senior Citizens, and Co-Chair, National Leadership Council of Aging Organizations, Washington, D.C.

Sotomayor, Dr. Marta, President and CEO, the National Hispanic Council on Aging, Washington, D.C.

Taursz, Dr. Daniel, President, The National Council on the Aging, Inc., the first national aging organization to unconditionally endorse the Health Security Act.

Andrea Wooten, President, Green Thumb, Inc. Ms. Wooten represents the rural aging perspective and has been endorsed by Farmers Union.

These names are of respected individuals who will be compatible with our efforts in holding a successful and meaningful White House Conference on Aging, will work as a team, and will support the objectives of this Administration. They are well known to the aging community and are committed to improving the quality of life for America's older population now and in the future. In addition, we believe that they contain the geographic, ethnic, gender, and racial diversity desired by this Administration.

RECOMMENDATION

I recommend that you review and approve ten of the sixteen names I have listed in this memorandum to the Policy Committee of the White House Conference on Aging.



Donna E. Shalala



Washington, D.C. 20201

TO: The Secretary
Through: DS *Burda/Sj 2/28/94*
COS *1/27/94 2/28/94*
ES *Welling 2/15/94 and 2/24/94*

FROM: Assistant Secretary for Aging *[Signature]*
Executive Director, White House Conference on Aging *[Signature]*

SUBJECT: WHITE HOUSE CONFERENCE ON AGING POLICY COMMITTEE

As per your instructions at our February 9 meeting, attached you will find the memorandum to the President with the Department's recommendations for the Policy Committee to the White House Conference on Aging.

Please note that there is an addition to the list we discussed making the total number of recommendations from the Department sixteen instead of fifteen. The Executive Director of the White House Conference on Aging was contacted late the afternoon of February 9 by the staff of Senator David Pryor (D-AR) with an additional name to be added under his endorsement. That individual is Mr. Ed Haas, Director of the White River Area Agency on Aging in Batesville, Arkansas whom we have added at Senator Pryor's request.

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MEMORANDUM FOR THE PRESIDENT

Today I joined a bipartisan group of members of Congress to announce the introduction of a consensus proposal to reauthorize and strengthen the Head Start program. This proposed legislation reflects unprecedented agreement on both sides of the aisle and was introduced in the Senate and the House of Representatives by Senators Edward Kennedy, D-MA, Chris Dodd, D-CT, Nancy Kassenbaum, R-KS, and Dan Coats, R-IN, and Representatives William Ford, D-MI, Matthew Martinez, D-CA, William Goodling, R-PA, and Susan Molinari, D-NY among others.

This is the first time in recent memory that in advance of legislation being submitted, an Administration has sat down at a table with the bipartisan leadership of both the Senate Committee on Labor and Human Resources and the House Committee on Education and Labor and negotiated a consensus bill. The cooperative relationships that developed through this consensus building process will benefit other Administration initiatives before these committees.

In response to your strong commitment to Head Start, I convened an Advisory Committee on Head Start Quality and Expansion in June of last year. The proposed legislation introduced today builds on the priorities set by this bipartisan Advisory Committee in their report released in December 1993.

The bill:

- places a strong emphasis on quality;
- encourages strategic planning at both the national and local levels to guide the expansion of Head Start services;
- allows local programs the flexibility to meet the needs of families and communities including the provision of full day/full year services;
- enhances parent involvement;
- includes an initiative to meet the needs of families with very young children, ages 0-3.

Quality

The proposed legislation includes tough new provisions to ensure that no grantee will continue to provide services if it falls below a minimum quality level and fails to correct the deficiencies promptly. To ensure that all Head Start programs

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See also the 1993/1994...

are able to provide high quality services to children and families, the bill also requires the promulgation of performance measures, strengthens performance standards, establishes a minimum standard of accomplishments for all grantees, strengthens current authority regarding staff qualifications, staff development, and training and technical assistance; and, for the first time, requires that past performance be taken into account in allocating expansion funds.

Expansion

The Administration's reauthorization bill seeks to ensure that future expansions of Head Start are carried out in a strategic, efficient and effective manner. The proposed legislation directs the Department, in allocating funds to serve increased numbers of children, to consider both the relative numbers of unserved eligible children and the relative concentrations of poverty in a community; and the extent to which an applicant applying for expansion funds has undertaken community-wide strategic planning and needs assessments. It also reinforces the emphasis on quality by taking into account the applicant's past performance in delivering quality services and carrying out expansions in a timely and efficient manner.

Under the proposed legislation, Head Start grantees have the flexibility to expand the scope of services, as well as the number of children served. For instance, based on a community needs assessment, local Head Start programs would have the option to provide full day/full year services or part day/full year services to meet the needs of families who work or are in training.

Serving Families with Infants and Toddlers

The draft bill includes a new section to help meet the needs of families with infants and toddlers. Beginning in fiscal year 1995 grants would be made to projects which provide, either directly or through referral, early, continuous, comprehensive child development and family support services. Funding would be open to a broad range of public and private agencies in the child and family services field, including agencies which have previously operated Parent-Child Centers or have received funding under the Comprehensive Child Development Centers (CCDC) Act. This section would replace the section on Parent-Child Centers in the current Head Start statute and would consolidate the CCDC Act.

I am extremely pleased with this effort and would be happy to discuss this further.



Donna E. Shalala



JAN 21 1994

MEMORANDUM FOR THE PRESIDENT

From: Donna E. Shalala

**Robert B. Reich
Secretary of Labor**

SUBJECT: A Possible Joint Strategy for Welfare Reform and Dislocated Workers

Two major domestic initiatives will soon be moving forward: dislocated workers and welfare reform. As these proposals have developed, we have become increasingly aware of some common underlying themes and elements. This memo considers the logic of coordinating both the substance and the message of the proposals. In particular it raises the possibility of linking them thematically as part of the State of the Union address.

Work, Training, and Responsibility for All Workers

Both welfare reform and the dislocated workers initiative focus on transforming current systems of income support into ones emphasizing and facilitating work. Both proposals (and, indeed, a third--the School-to-Work Opportunities Act) reflect the Administration's themes of the importance of work, of education and skills training, and of the need to ease labor market transitions. Both contemplate an early assessment of the participants' needs and prospects. Depending on the outcome, a combination of job search assistance and education/training is the next step. Both systems are geared towards employment or reemployment into jobs of reasonable quality. Legislative action on both bills will be concentrated in the labor and finance committees. Both proposals are also concerned with reinventing government, either through simplification and coordination of program eligibility and benefits (welfare reform), or through replacing a fragmented system with a one-stop approach servicing all eligible workers (dislocated workers). And both offer access to training and income support, but put responsibility on individuals to take advantage of them and move forward.

Of course, the two proposals have important differences. Welfare reform is targeted at poor single mothers, many of whom lack skills or have spent little time in the labor market. The dislocated workers proposal is targeted at experienced workers who may have outdated skills.

Part of the motivation behind welfare reform is the belief the current welfare system seriously impedes and discourages many recipients from working and that some are not doing enough to find work. There is much less concern about these problems for the unemployment insurance system. The unemployment system is an insurance system--financed by payroll taxes. Welfare is paid from general revenues.

Moreover, while the dislocated workers proposal is almost purely a reemployment and retraining initiative, welfare reform ranges well beyond employment issues, including elements to make work pay and collect child support. The motivation behind changing from an unemployment to a reemployment system is that in today's economy--dominated by technological change, corporate downsizing, and international trade--most unemployed workers will not get their old jobs back. And because of the difference in target groups, the political contexts for the proposals are dissimilar, too.

Nonetheless, the similarity in philosophy and approach suggest that a coordinated strategy may be appropriate.

A Coordinated Strategy and a Common Message

DOL and HHS are seeking to forge coherent links and effective alliances between the two programs. We are working to eliminate duplication, administrative rigidities, and contradictory rules and regulations that make it difficult for communities to create a coherent training strategy. Welfare reform contemplates increased access for welfare recipients to education and training programs provided through the Departments of Education and Labor. Information systems developed for DOL's one-stop displaced worker initiative can be made available for welfare recipients. We also suggest establishing some form of Human Resource Development Board comprised of the Secretaries of HHS, DOL, Education, DOD and possibly other departments with authority to waive regulations and cut through bureaucracy when states and communities come forward with comprehensive reform proposals for helping workers prepare for and find new jobs.

Because of the very different populations served, the nature of existing funding streams, committee structures, political constituencies, and administration, we do not believe a single fully integrated program with a single piece of legislation makes sense currently. Later, as the "one-stop" idea grows to cover all workers and state and local governments gain experience, we can move toward a truly integrated system of training and retraining for all those in need of service.

Nonetheless, the commonality in the underlying ideas suggests a simple and powerful message about work in America. As you have repeatedly emphasized, work gives structure and meaning to our lives. The old strategy for the poor has been welfare, not work or training. The old strategy for displaced workers emphasized unemployment compensation, not reemployment into new jobs. Government's first role ought to be helping people move into jobs--jobs with a future--rather than providing cash as a substitute for a paycheck. The needs of different populations differ: some single parents on welfare need to move into their first job, some people need education to move into better jobs, displaced workers need

retraining to compete for the higher skill jobs of the 90s. High school students who will choose not to go to college need skills to move from school to work. Indeed, it might make sense to include an even broader range of issues under the work theme, including the School-to-Work Initiative, and an explicit effort to improve the employment prospects of disadvantaged teens. Because the populations differ, the strategies will differ. But the basic message will not. Work is the foundation of the new direction plotted by the Administration. We have initiatives involving welfare-to-work, school-to-work, and work-to-work.

Some Key Questions

In thinking about how the proposals should be described and linked, we should be aware that focussing on the proposals together will lead to inevitable comparisons and at least a few tough questions.

- Are the poor and dislocated workers being treated fairly relative to each other? People will ask whether the poor are getting access to some services that displaced workers are not. Are resources allocated fairly between the groups? Others may wonder whether more is being asked of the poor (with sanctions and participation requirements) than is asked of displaced workers, and if so whether that is justified?
- Is the job focus of the initiatives different? Are displaced workers being trained for the high skill jobs of the 90s while welfare recipients are being placed in low-skill, low-paying jobs? (Answer: Both programs provide access to education and training, and for people who have little or no work experience, often the best way to get a good job is to start with any job and then build up skills and experience to move forward.)
- Who is left out? The two proposals cover most unemployed job losers who qualify for unemployment insurance and unemployed welfare recipients. But what about the group of workers -- often the working poor or job seekers -- who fall into the gaps between the unemployment insurance and welfare systems? Currently, both proposals go only part of the way toward filling these gaps.

Of course many of these are legitimate concerns that will have to be addressed whether or not the programs are closely linked rhetorically and thematically. They do bear discussion.

Recommendation

It probably makes the most sense to link the proposals thematically, but to keep them separate legislatively. In certain settings, such as the State of the Union address, the thematic links can be expressed. Building support for the principles underlying the proposals can help move them forward and can lay the groundwork for further complementary initiatives. This will provide a sense of direction and coherence in overall policy. Nevertheless, the linkage should be done carefully, so that some of the distinguishing features of the proposals remain clear.



NOTE TO THE COMMUNICATIONS CONTROL CENTER

You are authorized to pen the attached document(s)

Claudia Cooley
Claudia Cooley

Authorized by: _____

Date: 1-21-94

Addressee/Subject:

Control Number:

Memo to the President From Shalala &
Reich/Labor re: A Possible Joint Strategy
for Welfare Reform & Dislocated Workers

Remarks: